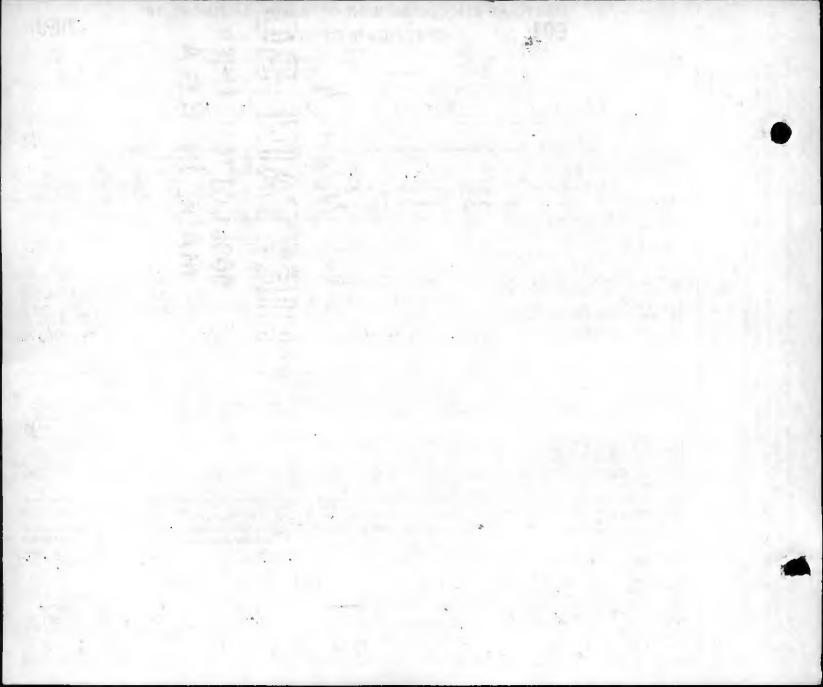
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S TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haundered	Al	5 (	4)		
15/	VI 5	/51	В		

004	ATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY  FYEGEVICK  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  New Market  347375	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  New Market -
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Will'S Edgar	Aldridge DEATH January 30 196/
S. SEX Mèle  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   White   WIDOWED   DIVORCED	B. DATE OF BIRTH  Jan. 10, 1867  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   In years   If UNDER 1 YEAR   IF UNDER 24 HRS   If UN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farming  Farm	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:  13. L. J.
13. FATHER'S NAME William, Andrew	14. MOTHER'S MAIDEN NAME Elizabeth Hoff Utz
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  (If yes, give wor or dones of service)  2/3-/8-0088/3	MYS, Excit Esworthy New Market Md
PART I. DEATH (Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying couse lost.	interval Between onset and Death Several ye.
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO.  10. (Enter nature of injury in Part I or Port II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State clary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram	n accurred at 112 A.M., from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  AIRY Md.
REMOVAL (Specify) Tel-J, 1961 Leasans	Hell Monrovi Freduit Co. Md.
3. FUNGRAL DIRECTOR'S SIGNATURE  (1) A (1/2) (1) N Pield	Md. DATE FEB 2 '61 246. REGISTRAR'S SIGNATURE CARTHUR S. Kraus



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 

00597

1. F	LACE OF DEATH COUNTY FOR DO C	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: b. COUNTY	Residence before admission)
k	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (IF	outside corporate limits, write RURA	L ond give nearest fown)
7	Rederick	16 YEARS		Ţ,	
	I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	101:10	e. IS RESIDENCE ON A FARM?
56	ederickCounty Chron	ic Hospital	1209 We	ST PATRICK JI	ReeT YES NO ET
-	First DECEASED Type or print)	/Middle	29/lest	4. DATE Month	Day Year
_	7104		DILFER	JANYAK	INDER I YEAR IF UNDER 24 HRS.
5. S	6. COLOR OR RACE 7. MAR	THE CONTRACTOR IN THE CONTRACT	MARCH 10		onths Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
Re	during most of working life, even if retired)	FARMER	FREderi	ck County.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME , J	
1	MON BitLED		DODA A	onleby	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	<b>IFORMANT</b>	Address	
(Yes	no, or unknown) (If yes, give wor or dates of service)	233-03-5917 MK	S. MABEL F.	BITLER - SA	ME AS2D"
	1B. CAUSE OF DEATH [Enter only one couse per I	ine for (o), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	Distribes 7	Malleties		auxum
	2 6 0 > DUE TO				protectly on
	Conditions, if ony, which )				1 your of
	gove rise to immediate				
	couse (o), stoting the under-				
7	lying couse lost.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN	PERFORMED?
CERTIFIC	OR CONTRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hour o. m. While	E-	ACE OF INJURY (Home, for ctory, street, office bldg., et-	m, 20f. (City or town) c.)	(County) (State)
	21. I certify that (I) (this haspited) atten-	ded the deceased from	X9408- 10	60.10 Reul	196 (, that (1) (we) last
D)	saw the deceased glive an face	d. I	1.	2M, from the causes and a	
	220. SIGNATURE	17_221 and that o	legin accurred owik?	M, from the causes and a	22b. DATE
	A FICERIA	د	M.D. ATTENDING PHYS.	AED. STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S NAME (Type) H. F. KLINE.	m.d.	77 Marto	1st Frederics	my med.
23o	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or co	ounty) (Stote)
2	REMOVAL (Specify) 1-5-61	MOUNT OLIL	157	FREDERICK	MARYLAND
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256, REGISTRA	***************************************
An.			FRED M DATE VI	0 104 () -1	of S. Krons
111.	R.ETCHISON TSON-106	C. LHUECH SI.	LIKE O' WI GOVIE AL		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

death. Page 4

TO HOSPITAL C VR A15 (4) 1SM 9/59

Enroyees China control seasons to season the control of the and distributed the state of the WENTHERS THE MAN THE WAR THE STORES WAS The transfer that the second second Committee of the commit Board

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

and the same of th										
1. PLACE OF DEATH o. COUNTY F1	rederick		MARYL	- 1	o. STATE Ma.	Where deceose	d lived. If institu	v _	nce before c	
b. CITY OR TOWN (If and give nearest town) Frederic		RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	f outside corpo		RURAL and	give neores	t town)
d. NAME OF HOSPITA	AL OR INSTITUTION (H		pital, give street oddress)		d. STREET ADDRESS					FS RESIDENCE
	Church Stre	eet					n Street	- Marine		ѕ □ но 🚺
3. NAME OF DECEASED (Type or print)	LER(	ΟY	EDWARD		BOONE, SR.	4. DATE OF DEATH	Jan	uary	22 <b>,</b>	19 61
s. sex Male		7. MARRIE	DIVORCED	_	ecember 28,		9. AGE (In years less birthday)	Months	Days Hou	INDER 24 HRS.
10g. USUAL OCCUPATIO	g life, even if refired)		ty & Foundry	IDUSTRY	11. BIRTHPLACE (Store Maryl	or foreign co		12. CITI:	ZEN OF WH	A COUNTRY
13. FATHER'S NAME	Charles Bob	ne		1.	i. MOTHER'S MAIDEN I		Name Un	known	)	
15. WAS DECEASED EVI 1703. no. or unknown) No	ER IN U. S. ARMED FOR (If yes, give war or dates of se	rvice)	SOCIAL SECURITY NO. 14-10-2654	17. INFO	LeRoy E.	Boone,	Jr., Fr	+		
Conditions, if or gove rise to immed (a), stating the cause lost.  PART II. OTHER	diote couse underlying DUE TO (c)_	ITIONS CO	ONTRIBUTING TO DEATH	BUI NOI	RELATED TO THE TERM	UNAL DISEASE	CONDITION GI	VEN IN PART	PE	REORMED?
PART II. OTH	JSE WAS NTRIBUTING [] 206		HOW INJURY OCCURR				of item 18.)		YES [	D NO.
20c. TIME OF INJUS Hour a. m. p. m.	RY Month, Doy, Yeor	White	NJURY OCCURRED 20e Not while ork of work	foctory,	OF INJURY (Home, form street, office bldg., etc.	n. 20f. (City	or lown)	(Cou	nty)	(Stote)
			remains described causes Accide	-	_	Homicide	spection K , Undete	, Inquir ermined n	nanner [	and in my
EXAMINER'S NAME (Type)	B. O. Thomas	s, M.	D.	^	ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER	T.		1/24/	61
220. BURIAL, CREMATIO REMOVAL (Specify) Burial. 23. FUNERAL DIRECTOR	Jan.25,1		22c. NAME OF CEMETER  Mount Oliv  ADDRESS		Cemetery	Fre	ion (city, town, derick,		Maryl	Store)
		Fred	erick, Mary	land		JAN 25		STRAR'S SIG		

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State B or its designated agent, priar to burial, crematian, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00599

PLACE OF DEATH					
TI-40			O STATE	here deceased lived. If institution b. COUNTY	on: Residence before admission)
LI	rederick	MARYLAN	Mary]		Frederick
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporate limits, write Rt	JRAL and give nearest town)
_	rederick	D.O.A.	Route	# 3 Frederick	
d. NAME OF HOSP	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
Brederi	ok Memorial Hosp	ital	Walte	er Martz Road	ON A FARM? YES NOTE
				14 6472	
NAME OF DECEASED (Type or print)	Spenser	Middle	Brittain Lost	4. DATE Mont	1 1 -
Male Male	6. COLOR OR RACE 7. MARR			9. AGE (In yeors lost birthday) 69 yrs.	Months Doys Hours Min
o. USUAL OCCUPAT during most of wo Retired	ION (Give kind of work done 10b. rking life, even if retired) Sales Engineer	KIND OF BUSINESS OR IN		or foreign country)  7. Pennsylvania	12.CITIZEN OF WHAT COUNTR
. FATHER'S NAME			14. MOTHER'S MAIDEN		
John B.	Brittain		Julia B.	Redder	
		SOCIAL SECURITY NO. 11	7. INFORMANT	Addr	rass c
NO unknown)	III		Mrs. Cecilia D.		# 3 Frederick, M
Conditions, if gove rise to couse (a), stoting lying couse lost	immediate DUE TO	rteriore	levote Has	at Direas	e 4 yrs.
				INTER PROPERTY CONTRACTOR OF	
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	PERFORMED?
20g. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS (		RRED. (Enter noture of injury in	1	PERFORMED? YES NO
20g. ACCIDENT WOR CONTRIBUTIN	THER SIGNIFICANT CONDITIONS OF THE S	CRIBE HOW INJURY OCCU NJURY OCCURRED 20e. Not while		Port I or Port II of item 18.]	PERFORMED?
20c. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify th	THER SIGNIFICANT CONDITIONS OF THE S	CRIBE HOW INJURY OCCU  NJURY OCCURRED  Not while of work  ded the deceased fra	RRED. (Enter noture of injury in  PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town)	PERFORMED? YES NO
20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour p. m. 21. I certify th	VAS UNDERLYING 20b. DESIGN CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year 20d. II White of wor  that (I) (this haspital) attendased alive an a face.	CRIBE HOW INJURY OCCU  NJURY OCCURRED  Not while of work  ded the deceased fra	PLACE OF INJURY (Home, for foctory, street, office bldg., et at death accurred at	m, 20f. (City or town)	(County) (Sta
20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU-Hour o. m. 21. I certify the saw the decent 22o. StGNATURE- 22c. PHYSICHAN'S NAME (Type)	VAS UNDERLYING 20b. DESIGN CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year 20d. II White of wor  that (I) (this haspital) attendased alive an a face.	ORIBE HOW INJURY OCCU  NJURY OCCURRED  Not while of work  ded the deceased fra  1961, and the	PLACE OF INJURY (Home, for foctory, street, office bldg., et at death accurred at	m, 20f. (City or town)  2.57, ta   _M, from the causes an  AED.  STAFF PHYS.   PHYS.	(County) (Sto
20a. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIFE CONTRIBUTION OF MANAGE TYPE)  21. I certify the saw the december 22a. SIGNATURE:  22c. PHYSICIAN'S NAME (Type)	VAS UNDERLYING 20b. DESIGN CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year 20d. II White of wor 20d attended to the control of the c	ORIBE HOW INJURY OCCU  NJURY OCCURRED  Not while of work  ded the deceased fra  1961, and the	PLACE OF INJURY (Home, for foctory, street, office bldg., et al., et a	m, 20f. (City or town)  2. J., ta Jan 4  M. fram the causes an Phys.   Church Street  23d. LOCATION (City, town, company)	(County) (State of the date stated above the date stated above the date of the state of the stat

ofter death. Page 48 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 48 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 2% haurs

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00660

1. PLACE OF DEATH a. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of	e before admission)
b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside carporate limits, write RURAL and gi	ive negrest town)
RURAL ord give nearest town Frederick 6 days Rural - Kemptown /5	x - 2
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Frederick Mem. Hosp. RFD #3, Mt. Airy	YES 🔀 NO 🗌
3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) BASIL Walter BUXTON DEATH January	Day Yeor 24 19 6
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In yeors   IF UNDER I	YEAR IF UNDER 24 HR
Male White WIDOWED DIVORCED June 18,1892 68 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired)  12. CITIZ	EN OF WHAT COUNTRY
Farmer Own farm Frederick Co., Md.	USA
13. FATHER'S NAME	
Basil F. Buxton Louisa H. Moxley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown)   (If yes, give wor or dates of service)	
No 219-34-4471 Mrs Ella M. Buxton, Item 2	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) NEPHRO SCLEROSIS - UREMIA	ONSET AND DEATH
442 X DUE TO	
Continue to the Name of the Continue of the Co	10 YEARS
gove rise to immediate DUITO	70 (27)
Course (or, sorting the uncer-	
	I(o) 19. WAS AUTOPSY
OBESITY	PERFORMED?
20o. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	100 100
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING 7  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.)  OR CONTRIBUTING 7  ETHER, NOTIFY MEDICAL EXAMINER)	
	ounty) (State
Hour o. m. While Not while foctory, street, affice bldg., etc.)	00111/1
	L, that (I) (we) las
saw the deceased alive on 1139/1961, and that death occurred at 1135M, from the causes and an the	
220. SIGNATURE  ATTENDING MED. STAFF	22b. DATE SIGNE
Cirkund C. Keyworth, M.D. PHYS. DIRECTOR PHYS.	1/26/6/
22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds 22d. ADDRESS 9 E. Church St., Freder	ick, Md.
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county)	(State)
Burial Jan. 27.1961 Montgomery Meth. Clagettsville	Ma
24. FINISFAL DIRECTOR'S SIGNATURE , ADDRESS 250. REC'D BY REGISTRAR'S SIG	NATURE
Olin I. Moleswith Damascus, Md. DATE FEB 1 '61 aring	& Krassa

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL VR A15 (4) 15M 9/59

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1. PLACE OF DEATH a. COUNTY	ederick	M	ARYLAND	o. STATE	ence (wh Maryl	_	lived. If institution b. COUNTY			issian)
b. CITY OR TOWN RURAL and give of Frederic	(If outside corporate limits, w searest town) K	rile c. LENGTH OF S	l k	J	own (IF o		ate limits, write R	URAL ond giv	re nearest ta	wn)
OR INSTITUTION	TAL (If not in hospitol, give s Second Street	treet oddress)	1	d. street al 201 Eas		ond St	treet		ON	ESIDENCE A FARM?
3. NAME OF DECEASED {Type or print}	First REGINA		ddie ENHAUER	Lost BYEA		4. DATE DEATH	Ja <b>n</b>	nary	Day 20,	Year 19 61
s sex Female	6 COLOR OR RACE 7 White WIL		- 1 -	une 4,	- 0		9. AGE (in years last birthday) 87 yrs		YEAR IF UN lays Hour	1
	ON (Give kind of work done rking life, even if retired)  k	10b. KIND OF BUSINES  At Home		Y 11. BIRTHPL	,	or foreign co yland	untry}	12.CITIZE	USA	COUNTRY
13. FATHER'S NAME				14. MOTHER'S						
John	Eisenhauer				Marga	ret We	ehner			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY None		Charle	s Bye	rly-Sa	Add ame as I			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					lure			INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if a gove rise to couse (a), stating lying cause last	immediate DUE TO	Oxferiosch	Protes	Heart of related to	THETERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	10) 19 WA	S AUTOPSY FORMED?
□ OR CONTRIBUTING	G  CAUSE OF DEATH	DESCRIBE HOW INJUR	RY OCCURRED.	(Enter noture at	Finjury in (	Port I or Port	Il af item 18 }	<u> </u>		NO A
20c. TIME OF INJU Hour o. m. p. m.	V	tod. INJURY OCCURRED While Not while t work at work		E OF INJURY (I			or tawn)	(Co	unly)	(Stole)
21 I certify th	at (I) (this haspital) at		sed frama		1. 6	M, from	1/20 The causes ar		, that (1) date state	
220. SIGNATURE Cilcherd C. Reynolds				ATTENDING	3 Al MI	ED RECTOR	STAFF PHYS.	1,		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Richard C. Re	yn61dM-MD.	<u> </u>	East		ch Str	eet, Fre	derick	, Mary	land
230 BURIAL, CREMATI BEMOVAL (Specify	ON. 236 DATE THEREOF	23c NAME OF	CEMETERY OR C		7		ion (City, town, derick,	ar caunty)		land
24, FUNERAL DIRECTO		ADDRESS				D BY REGIST	1	STRAR'S SIGN	NATURE	
M. R. Etch	ison & Sen, F	rederick, M	laryLane	l	DATE JA	N 2 4 '6	i1 a	other S.	Thousa.	

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by most funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. ATTENBING EHYSELAE: The low requires that the death certificate be emecated within 24 hours TO HOSPITAL VR A1II (4) 15M 9/59

death. Poge 4

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH COT

00662

						00000
	1 PLACE OF DEATH 0. COUNTY Free	derick	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institut and b. COUNTY	ron: Residence before admission)  Frederick
	b. CITY OR TOWN (I RURAL and give no Frederic		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write l	RURAL and give nearest tawn)
- Table - 1	OR INSTITUTION	AL (If not in hospital, give street k Memorial Hosp	· ·	d. STREET ADDRESS 515 Elm S	treet	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First ELLA	Middle DEMPSTER	CAMPBELL.	4. DATE Mo OF DEATH J	anuary 26, 9 61
	s. sex Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9 July 1877	9. AGE (In years last birthday) yrs	Manths Days Hours Min.
	100 USUA, OCCUPATION during most of war House-Wol	ON (Give kind of work done 10b king life, even if retired) <b>rK</b>	CWN HOME	Gananoque	Canada	USA
\	13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
	William 1	**		Lucia Ja		
		R IN U. S. ARMED FORCES? 16 (If yes, give wor or dotes of service)		oy C. Abbott,	Bear Ridge AR Pleasantvill	
	Conditions, if a gove rise to i couse (a), stating lying cause lost.	mmediate the under- (c)	CONTRIBUTING TO DEATH BU	of soll be		VEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO T
	OR CONTRIBUTING	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR			
	20c. TIME OF INJUR Hour a.m. p.m.	While		LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunty) (State
	21 <b>I certify</b> the	at (I) (this haspital) attended	ded the deceased from	12 29 , 19 death occurred 3:39	PM, from the couses a	, 19_6/, that (1) (we) los
1	22a. SIGNATURE	and C. Rev	molelo.	M.D PHYS XX D	IED. STAFF	27 Jan 1961
	22c. PHYSICIAN'S NAME (Type)	Richard C. Rey	molds, M. D.	9 E. Chur	ch St., Freder	ick, Md.
	23g. BURIAL CREMATIC REMOVAL Specify BURIAL	129-61	23c NAME OF CEMETERY Mount Olivet		23d. LOCATION (City, town, Frederick, N	,,
	24. FUNERAL DIRECTOR M. R. Etc	's signature hison & Son, Fr	ADDRESS rederick, Maryl	and 250. REC		ISTRAR'S SIGNATURE

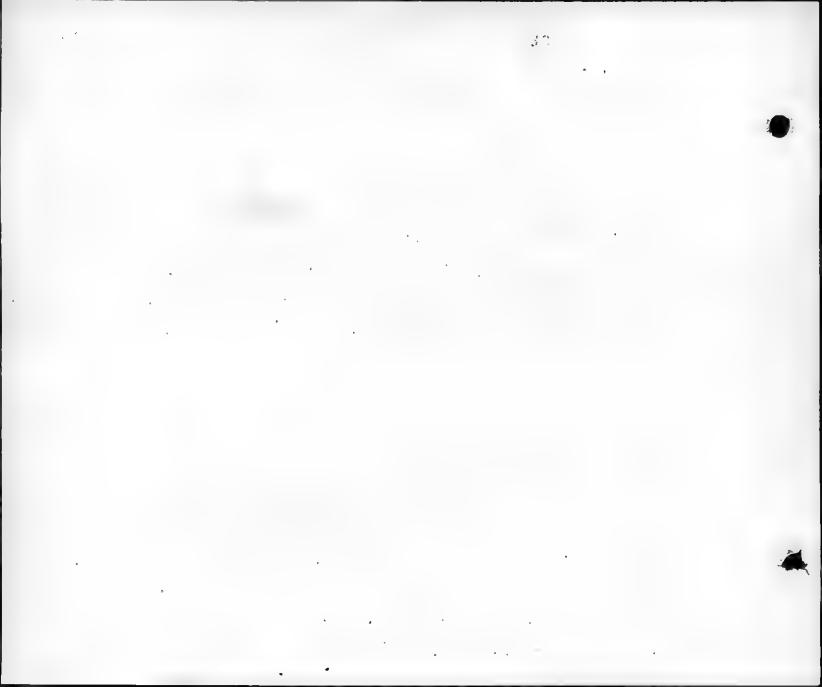
may be revained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A1S (4) 15M 9/59



OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

609

00604

4		PLACE OF DEATH o. COUNTY	Frederick	м	ARYLAND	o STATE Mar	ere deceased lived yland b.	If institution: Reside	nce before add	missian)	
1		ROCKY RI	f outside corporate limits, v carest tawn) USE	dite c LENGTH OF S		Rocky		ts, write RURAL and	give negrest f	own)	
		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give	street oddress)		d. STREET ADDRESS			01	RESIDENCE N A FARM?	
		NAME OF DECEASED (Type or print)	Ersi		ddle	Clem.	4. DATE OF DEATH	Jan. 2	Doy	Year 19 6:	1
	5.	male	6. COLOR OR RACE 7. White wi		ARRIED   8.	March 6, 1	886 9. AGE	(In years IF UNDE birthday) Manths	Days Hou		
1	10a	during most of work	ON (Give kind of work done king life, even if retired)	Own farm			or foreign country)	12.CI	U.S.		
	3.	FATHER'S NAME Wm. U.G	. Clem			14. MOTHER'S MAIDEN N Catherin		ouse			
	15	No waknowa)	R IN U. S. ARMED FORCES (If yes, give wor or doles of service	220-34-01	196 M	rs. Edna C	lem I	Rocky Ri		V( a <sup>TI</sup> )	_
	MEDICAL CERTIFICATION	Conditions, if a gove rise to it couse (a), staling lying couse last.  PART II OF CONTRIBUTING (IF EITHER, NOTIFY HOUR CONTRIBUTING (IF EITHER, NOTIFY 120c. TIME OF INJUR Hour a.m.  21 I certify the saw the decease 22a. SIGNATURE	Mediote the under- the under- (c)  SER SIGNIFICANT CONDITY  SERVING []  AN UNDERLYING []  LI CAUSE OF DEATH  MEDICAL EXAMINER)  TY Month, Doy, Year  19  and (1) (this hasoital) as sed alive an acceptance of the condition of the	20d. INJURY OCCURRED While Not while of work of work tended the decease	20e. PIAC facto	(Enter nature of injury in P  E OF INJURY (Home, farm, ry, street, affice bldg, etc.)  ATTENDING ME PHYS  D. ATTENDING ME PHYS  22d. ADDRESS	Part I or Port II of iI  20f (City or tow  M, from the co	om 18.)  n)  auses and an the	(County)	(State)	- t
	230	NAME (Type)  Display and the second of the s	James K	23c NAME OF C			23d. LOCATION (C	Marylan  ity, town, or county, Ridge, M	) (	(State)	0.
1	24	FUNERAL DIRECTOR		ADDRESS			N Z 4 STRAR	256 REGISTRAR'S S	HGNATURE		

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### OR STATE EALTH DEPT

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form PM3. Office D of Medical I execute the continuous, 4 should be forwarded > FUNERAL DIRECTOR: designated agen 70

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) Frederick o. STATE Maryland **6 COUNTY** Frederick MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) months Middletown R.F.D.I. d STREET ADDRESS IS RESIDENCE ON A FARM? YES TO NO 4. DATE Day Year John Joseph Colvin Janurary II DEATH 6 T 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. White Months I November WIDOWED | DIVORCED [7] 12. CITIZEN OF WHAT COUNTRY? Ohio ~ U.S.A. Laborer 14. MOTHER'S MAIDEN NAME Colvin **Lucy Jones** 17. INFORMANT Address 3 Mrs. John J. Colvin Middletown R.F.D. I INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c) **DUE TO** DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? ストナノレス NOT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort 1 or Fort 11 of Item 18 ) Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (State) factory, street, office bldg., etc.) Not while al work of work and in my Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER B.O. Thomas, M.D. DEPUTY MEDICAL EXAMINER (A Janurary II.1961 122c NAME OF CEMETERY OR CHECK X 22d LOCATION (City, town, or county) (State) Jan 16, 1961 Arlington National Arlington Virginia Burial 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. DATE JAN 1 6 '61 inches & Thous

o. COUNTY b. CITY OR TOWN (I outside corporate units with #UPA) Widdletown R.F.D.I. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital 3. NAME OF DECEASED (Type or print) 5. SEX Male 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 13. FATHER'S NAME John William 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes or unknown) 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). Canditions, if any which gave rise to immediate cause (a), stating the underlying couse lest. 200. EXTERNAL CAUSE WAS PRIMARY OF OCUTATION OF CAUSE OF DEATH. 20c. TIME OF INJURY 21. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inspection [A], Inquiry [X] apinian death resulted fram: Natural causes 2. Accident ... ACTUAL SIGNATURE **EXAMINER'S** NAME [Type] 220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Spec fy)



22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

24o, REC'D 8Y REGISTRAR

DATEJAN 2

(State)

24b REGISTRAR'S SIGNATURE

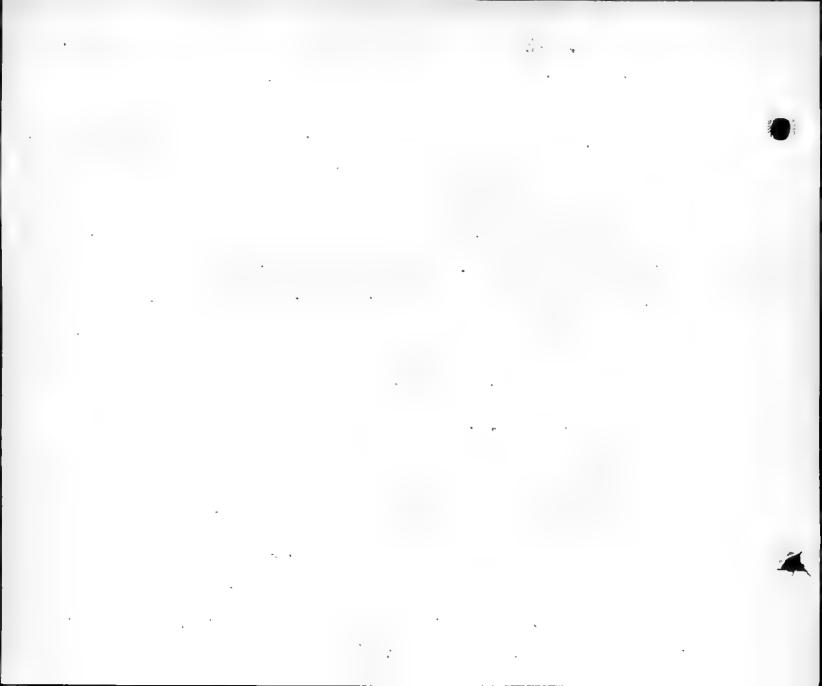
page 0 VS A15 (4) 15M 9/58

22a. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



	***************************************	
12	CERTIFICATE OF DE	ATI

. 017	CERTIFICA	IL OI DEATH	00004	
1. PLACE OF DEATH o. COUNTY Fraderick	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence o STATE b. COUNTY Freder		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  TOCCTION	30 Yrs.	Jc. CITY OR TOWN (If autside carporate limits, write RURAL and gr	ve nearest tawn)	
d. NAME OF HOSPITAL (If not in hospitol, give street of institution and the street south Street	oddress)	d. STREET ADDRESS 402 West South Street	e. IS RESIDENCE ON A FARM2. YES NO.4.2	

75713	IGL TEK		MAKTU	ANU	Ma	ryLan	al.		FI	eaer.	Tek	
	Foutside carporote limi	is, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TO	WN (If aut	side carpo	orate limits, write	RURAL	and give	nearest law	rn)
Frederic	3K		30 Yrs.		Fr	ederi	ek					
d. NAME OF HOSPITA	AL (If not in hospital, g		oddress)		d. STREET AD			(3) (3)			e. IS RE	SIDENCE A FARAZ,
OLIOS West	South Str	eet			40	2 West	t Sou	th Stree	et		YES [	NOVE
3. NAME OF DECEASED	Fir		Middle		Last	4	4. DATE		onth		Day	Year
(Type or print)	ANDRE	W	J.	C	REAGER		DEATH	· ·		ary	1,	1961
5 SEX		7 MARE	NEVER MARRIED	' W	DATE OF BIRTH	0-7		9. AGE (In years	s IF J	NDER 1 YE	EAR IF UND	ER 24 HRS Min.
Male	White	MIDOMI	ED DIVORCED		16 Feb 1	876		84 yrs				
On. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	1 .		foreign c	ountry)	11		OF WHAT	COUNTRY
during most of work	penter	Co	onstruction		1 '	yland				USA	•	
3. FATHER'S NAME					14. MOTHER'S A							
John W. Cr	reager				Mary A	• Musi	er_					
S WAS DECEASED EVEI	R IN U. S. ARMED FOR	Anneal .	SOCIAL SECURITY NO.		FORMANT	_			dress		//m N	
(Yas, np. ar unknown)		2.	14-10-4574	Mr	s. Mary	E. Cr	eager	(Same	as	item	#1)	
1B. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]								NTERVAL 8	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Uhen	e.	~					1	700	40
473	DUE TO	)	-		.,			,			-	
Canditions, if a	ny, which ) (b	, <	Parde 22	211	rakle	ar.	die	care	-	_ [	541	0+
gove rise to it	mmediate Dus To	-										, i
lying cause last.	ine under-	3										
PART H. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THETERMIN	AL DISEAS	E CONDITION G	IVEN II	PART 1(d	PERF	AUTOPSY ORMED? NO
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	injury in Pa	rt I ar Pa	rt II af Hem 18.)				
20c. TIME OF INJUR Have a. m. p. m.	Y Manth, Doy, Ye	ar 20d. I While at wor	Not while	20e. PLA Foci	CE OF INJURY (H lary, street, office	ome, form, bldg., etc.)	20f. (Cit	y ar town)		(Cau	nty)	(State
			ded the deceased f	.//		4 - 4		June 1				
saw the deceas	ed alive an	the same	19 <u>4</u> , and t	that de	eath occurred	at ILC N	A, from	the causes o	ind o	n the de		and the same
	1219	2 Lee	nsear-	A	ATTENDING PHYS.	DIRE	CTOR	STAFF PHYS.		3 J	an 19	61 <sup>SIGNEI</sup>
22c. PHYSICIAN'S NAME (Type)	B. O. Tho	mas,	M. D.		22d. ADDRES		cet S	t., Free	leri	ck,	Maryl	and
230 BURIAL, CREMATIO REMOVAL (Specify)	1-4-61	)F	23c NAME OF CEMET					TION (City town			4.	zie)
24 FUNERAL DIRECTOR'			ADDRESS			25g REC'D		TRAR 25b REC				

M. R. Etchison & Son, Frederick, Maryland

arthur S. Krava

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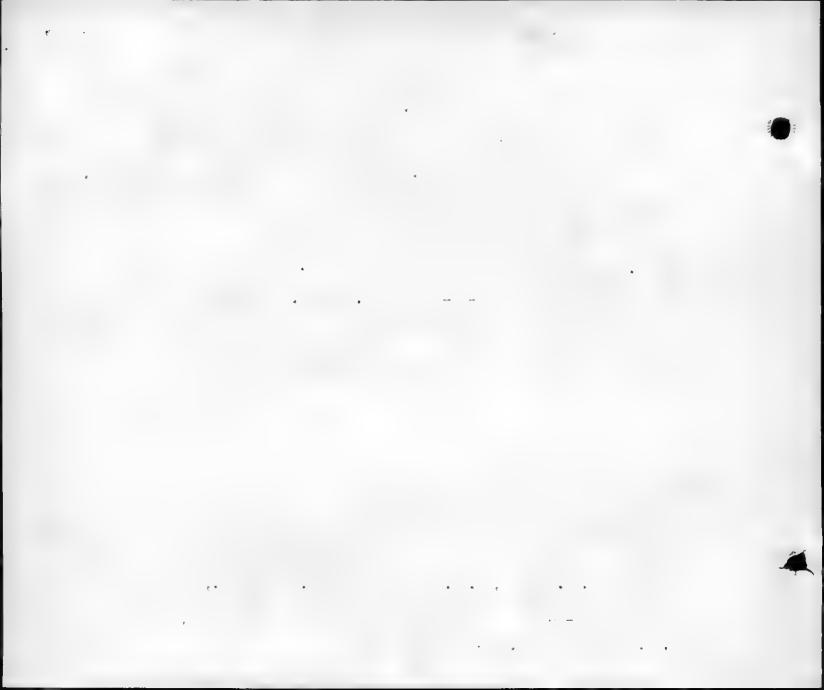
may be retained by the haspital ar attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the at inding physician ord completely filled in by refuneral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pepers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

ATTENDING PHYDICIAM: The law require that the death certificate be executed within 24 hours

gr death. Page 4

VR A15 (4) 15M 9/59



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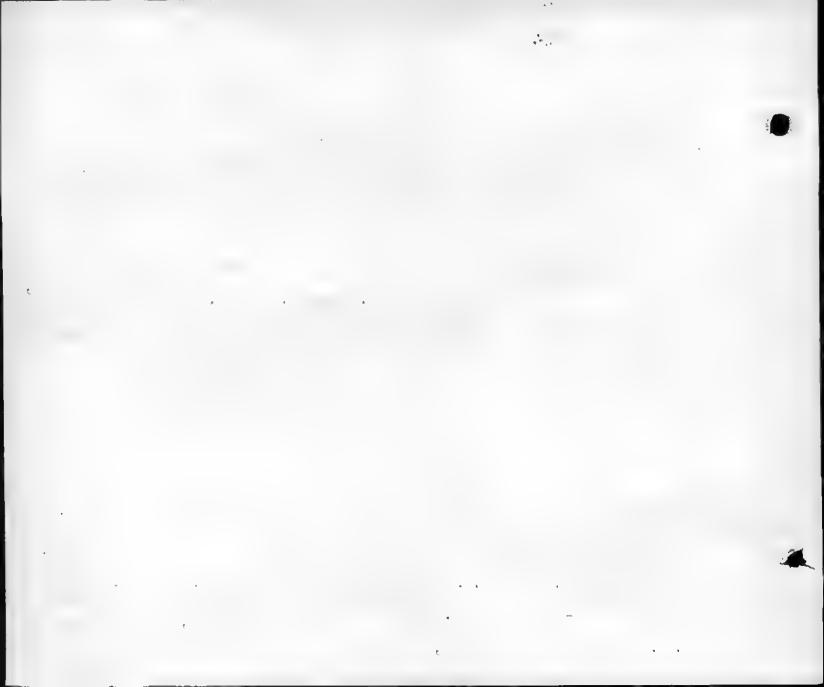
	O.T.O											
PLACE OF DEATH o. COUNTY	Frederick		MARYLA	II.	USUAL RESID	ence (wh		lived If ma b. COL			ce before od	
	I (If outside corporate limits	write (c	LENGTH OF STAY IN	16				rote limits, w	cute P11			
RURAL ond give	nearest town)	, ,,,,,,			11	_	erick		THE NEW		grra maaraa	, ,
Frederick	PITAL (If not in hospital, giv	ve street odds	15 Hours		d. STREET A		GLICK				a 15	RESIDENCE
OR INSTITUTION	ck Chronic H		_ *		Monte						0	N A FARM?
3. NAME OF DECEASED (Type or print)	CARO:		CECILI	[A	CROUS		4 DATE OF DEATH	J	Month Jan u		îï,	9 6
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH	1		9 AGE (In )				NDER 24 HRS
Female	White	WIDOWED [	DIVORCED (		March 1	16. 18	883	lost birtho	yrs.	Months	Days Ho	urs Min
On. USUAL OCCUPA	TION (Give kind of work de	one 10b. KIN	D OF BUSINESS OR		4			ountry)		12 CITE	ZEN OF WH	AT COUNTRY
m et	orking life, even if retired)	A+	Home		M	arvla	neil				USA	
3. FATHER S NAME	G-MOLK	Au	HOME	14	4. MOTHER'S					1		
	lion Frank C	201100						eth No	dale	ardt.		
	Liam Frank C		IAL SECURITY NO T	17. INFOR		nau y	DTTVG					71
(Yes, no or unknown)	(if yes, give war or dates of ser	Wice)	None		Louis	e D.	Creage	r,Free	tas	ck,	Cond S Maryla	Street,
IB. CAUSE OF D	18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c) ]											
PART I. D	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Trought Trumbuce 6 days											
49	HGIX DUE TO										1	
	Conditions, if only, which by the state of t											
couse (o), stoting the <u>under:</u> DUE TO												
lying couse lost. (c)												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO. DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PART II OF THE												
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
		204 INIIII	RY OCCURRED 20	De. PLACE	OF INJURY (I	Home form	20£ (Cits	r or fown)		10	County)	(Stote
20c. TIME OF INJ Hour o. n	n. 10	While of work	Not while		, street, office					,,	LOOMY )	(51011
21. I certify f	hat (I) (this haspital)				Mar	19	10/2	gau.	//	19_9	L, that (	I) (we) las
	ased alive an Acc	W10	_19_6 /, and th	nat deat	h accurred	1 97:7	Mr fram	the cause	s and	an the	e date sta	
220. SIGNATURE	NY	M D	ATTENDING	S MI	ED RECTOR [	STAFF PHYS	]		1/:	226. DATE 12/61		
22c. PHYSICIAN': NAME (Type		ne, M.	D.		North		et St	reet,F	rede	erick	, Mar	yland
230 BURIAL, CREMAT REMOVAL (Speci	1 ON, 236. DATE THEREOF	F 23	St. John					TION (City, to	own, or	county)	Marvl	(Stote)
24 FUNERAL DIRECTO			ADDRESS			25g, PFC	D 8Y REGIS		REGIST	RAR'S SIG	GNATURE	, was 4 Mg.
	chison & Son,	Frede		yland			N 1 3 4					
	7					NA NA	113 1 0 1	0.1	(1.	1 0		

moy be retained by the hospital ar attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the bunal-transit permit. Then please remove corbot pages? Pages 1 and 2 should be filled with the State Board of Health prior to buriot, cremation, or removal, and in any event, within 77 hours offer death TO HOSPITAL C VR A15 (4) 1SM 9/59

2r death. Page 4

ATTENDING PHYSICIAN: The low requires that the death mitificate be executed within 24 hours.



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b Jan	B	rne fui	shauld	e
PITAL C ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs affect death. Page		ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral directo	3 shauld be detached for use as the burial-transit permit. Then please remave carlow papers. Pages 1 and 2 shauld be filed wi	-
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ed wit		pletel	ers. P	
execul		nd can	dod L	deo(h.
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TTENE	e retained by the haspital ar attending physician.	TOR: A	detach	jistrar priar to burial, crematian, or removal, and in any event within 72 haury after death.
0	ined b	DIREC	ld be	pridr
PITAL	e reta	ERAL	shou	jistrar

VS A15 (4) 15M 9/

-		MARYLA	AND S	STATE DEPART	ME	NT OF HEALTH	-BAL	TIMORE, 1	8			
		614		CERTIFI	CA	TE OF DEATH	1		Reg. Dist.	Mò.(	260	ļΩ
	1. PLACE OF DEATH a. COUNTY Freder	rick		MARYLAN		2. USUAL RESIDENCE (Wh		d lived. If institution b. COUNTY	on: Residence			
	b CITY OR TOWN (If au RURAL and give negre	itside corporate limits,	write	c length of stay in 5 Weel		CITY OR TOWN (IF.	utside corpo	orote limits, write Ri	URAL and giv	e near	est town	)
	d. NAME OF HOSPITAL OR INSTITUTION Valley View	(If not in hospital, given Nursing		•		d. STREET ADDRESS				6		PARM?
	3. NAME OF DECEASED (Type or print)	He <b>nr</b> y		Middle Kieffer		DeLauter	4. DATE OF DEATH	Man	th	Doy 1.8		Year 1967
			- MARRIE	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do	YEAR I		
	10a. USUAL OCCUPATION during most of working  1 awyer	Give kind of wark da	_	IND OF BUSINESS OR IN	NDUST	Maryland			12.CITIZE	NOF	WHATC	OUNTR
		DeLaut			AA IF	Martha ORMANT			73 3			
	no	s, give wor or dates of serv	ice)		rs		Laute		fairv erick	, ]	Id.	
	1 3 X	WAS CAUSED BY, MEDIATE CAUSE (o)	e per line Mu	ofor (0), (b), and (c).]	me	yeloma	/				T AND	
	Conditions, if any, gave rise to imm cause (a), stating the lying couse last.  PART II OTHER	ediole DUE TO (c)	TIONS CC	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART I	(o) 19	. WAS /	AUTOPS'
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO E  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH											
- 1	County)											
	21. I certify that I attended the deceased fram Nov 4, 1960, to an 18, 1961, that I last saw the decease alive an Jaw 17, 1961, and that death accurred at P. M. from the causes and on the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D											
	PHYSICIAN'S NAME (Type) DT 22a. BURIAL, CREMATION, PEMOVAL (Specify)	J. Elm 226. DATE THEREOF	er H	Iaro  Za. NAME OF CEMETER	RY OR	Mid C		TION (City, town, c	or county)	· ^	(State	e)

220. BURIAL, CREMATION, REMOVAL (Specify)

DUT1 21

1/21/1961

Reformed Cemetery

Middletown, N.d.

23 FUNERAL DIRECTOR'S SIGNATURE

Gladhill Company, Middletown, Md.

DATEJAN 2 3 '61

Company

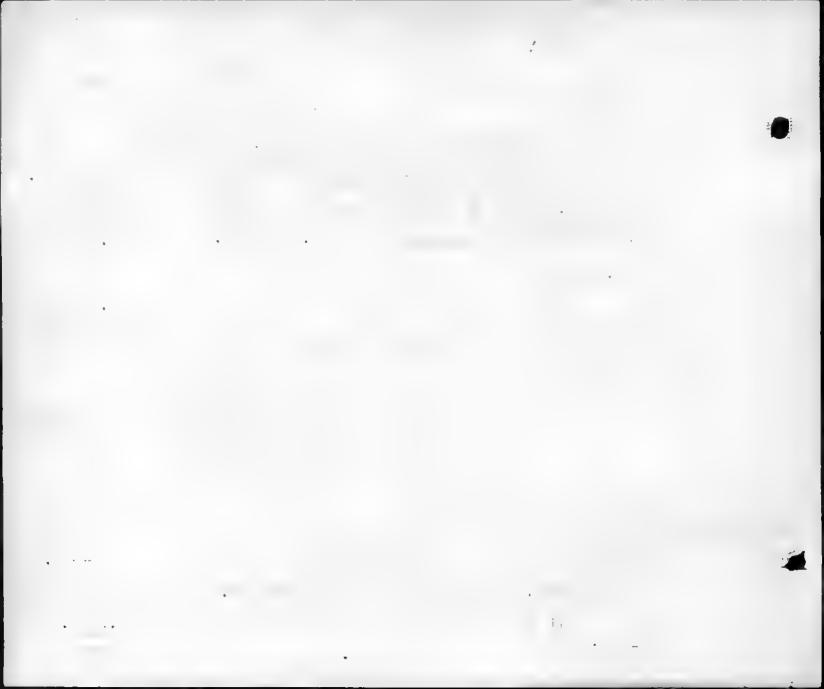


VR ATS (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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-														
1		DUNTY			MAR	YLAND	a. STATE			B. COUNTY				ron)
-	h Cl		rederick	imits write	c LENGTH OF STAT	- 1		TYLA	- Brid	rote limits, write F	Wash:			1
	RL	JRAL and give ne	earest tawn)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C CENTON OF STA				stown		1 X -	3		,
¥-ŀ-	d N	Abillas	AL (If not in hospital	, give street	address)		d. STREET AD		BLOWIT		/	- e	. IS RES	
	-	R INSTITUTION	bullen Sta	te Ho	enite!		415 Geo	rge .	St.					FARM?
3	NAN	AE OF	INTERIT PIPE	First	Middl	e II	teal	160_	4. DATE	Mor	nth.	Day		/ear
		EASED e or print)	Ch	arles	Leo	nard	Eato	n	OF DEATH	1		7		961.
5	. SEX		6. COLOR OR RAC	E 7. MARI	RIED NEVER MARR	IED 🗍 8	. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER		IF UNDE	R 24 HRS.
		M	W.	WIDOW	ED 🔛 DIVORC	ED 🔲	2-20-04			56 yrs	Months	Days	Hours	Min
1	Oa. US	UAL OCCUPATION	ON (Give kind of wo	k done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (State	or foreign c	ountry)	12.CITI	ZEN OF	WHATC	OUNTRY?
	501		· contrac	. '	contract	ors	Mt	. Br	iar, Mo	d.		JS.		
K	3. FATE	HER'S NAME					14. MOTHER'S	MAIDEN	NAME					
V		Otha J	Eaton					Mart	ha Ell	en Bover				
		S DECEASED EVE			SOCIAL SECURITY N	0, 17, <b>IN</b>	FORMANT				Iress			
		No	(0.70)	· ' · .	218-05-768	3	Hospital	rec	ords_	Cul	len. l	1d		
	10.		•		ne far (a), (b), and (c					002		INTE	RVAL BE	TWEEN
		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Far advanced bilateral pulmonary tuberculosis 6 months												
-1	6	O O 2 X DUE TO												
		Conditions, if any, which ) (b)												
		gove rise to immediate DUE TO												
	<u>ly</u> i	lying cause last. (c)												
3		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
1	<u> </u>						ellitus						YES 🗌	NO 🙀
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If ETTHER, NOTIFY MEDICAL EXAMINER)													
	20c.	TIME OF INJUR	Y Month, Day,		NJURY OCCURRED	20e. PLA	CE OF INJURY IN	lame, fari	m, 20f. (Cit)	ar tawn)	(1	County)		(State)
1	2	Hour a.m	1	9 While	Ngt while	1001	ory, street, artice	DIOG., BI	c.]					
	21	L certify the	ıt (1) (this hasni	tal) attend	ded the deceased	from	12-14-	10	60 to	1-7-	19 (	61 the	at (I) (	we) last
		w the deceas		1-7-		d that de	eath accurred							
	-	SGNATURE	0 01		- 4								22	DATE
		- uu	clearl.	1, 50	tody	A	A.D. PHYS		AED DIRECTOR [	STAFF PHYS.		1	-7-6	1.
	220	PHYSICIAN'S NAME (Type)					22d ADDRES	55						
			Michael G	Zav	is			Cull	en, Md					
2	3a BU	RIAL, CREMATIC	N, 23b. DATE THE	REOF	23c NAME OF CE	METERY OR	CREMATORY		23d LOCA	TION (City, tawn,	ar county)		(Stal	e)
		rial	1/11/1	961	<del></del>	Mano:	r Cemete			Washing		٠, ١	Md.	
2	Sur	Ler - Ro	s signature uzer Fune	ral H	ADDRESS				D BY REGIS		STRAR'S SI		F	
		Frankl			Hagers	town,	Md.	DATEA	¥ 1 1 '61	Chi	Loun S. 1	CLUSTIA		



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Reg. Dist. No.

Carroll

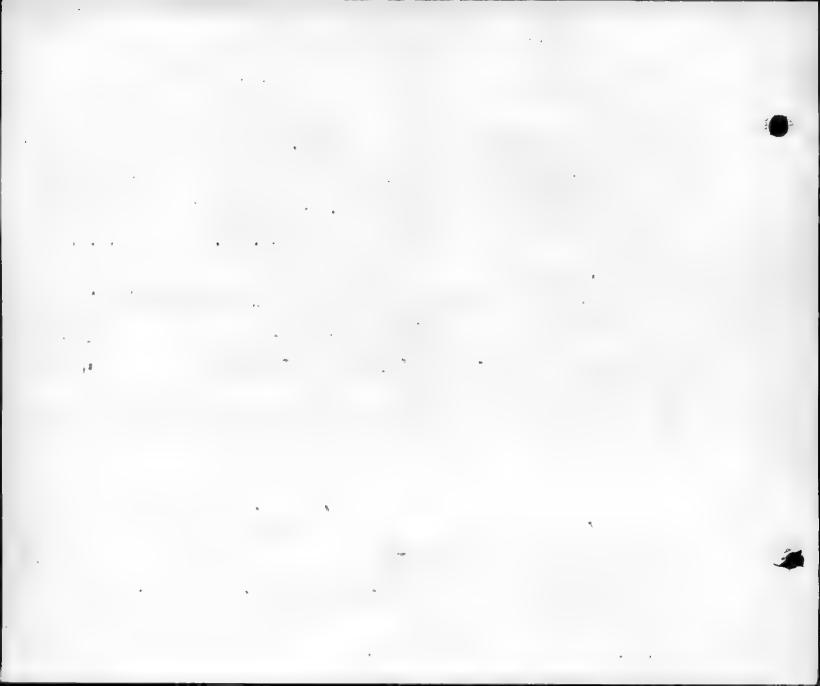
**b.** COUNTY

1. PLACE OF DEATH o. COUNTY

removol, VS A15 (4) 15M 9/58

DI Disky I I I I I I I I I I I I I I I I I I I	A 7	CITY OR TOWN (If aumid	r RD 4	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)  Frederick Memorial Hospit		STREET ADDRESS	2 (	S IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Planel	Middle F.		DATE OF Manth	16 1961
5. SEX 6 COLOR OR RACE 7. MARRIED NI male white widowed	DIVORCED DE	te of birth c. 16, 190:		IF ÙNDER 1 YEAR! IF UNDER 24 HR Manths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)  UND  OWN	business or industry business	11. BIRTHPLACE (State or fo		U.S.A.
Cornelious Fisher	14.	MOTHER'S MAIDEN NAME		wer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI (164, 100, 100, 100, 100, 100, 100, 100, 10	2-8511 Mary	E. Fisher	Westmönst	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse last.	+ /"	entie H	fores	INTERVAL BETWEEN ONSET AND DEATH OUTPUT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED				IN IN PART 1(0) 19. WAS ALTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH US (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED. (Enl	ler nature of injury in Port	or Fort II of item (E)	
20c TIME OF INJURY Month, Doy, Year 20d, INJURY OC While Not work of work of the other states.	while a factory, :	F INJURY (Home, farm, 2 street, affice bldg., etc.)	Of (City or town)	(Caunty) (State
ACTUAL A. A. Cear		Vredered		1/16/6/
220 BURIAL CREMATION, 226. DATE THEREOF BREMOVAL Specify 1-19-60 Blu	ME OF CEMETERY OR CREATE OF CHEAT	metery 22d	LOCATION (City, town, or Phurmont, M	
	hurmont, M	d. 240. REC'D BY	j	TRAR'S SIGNATURE





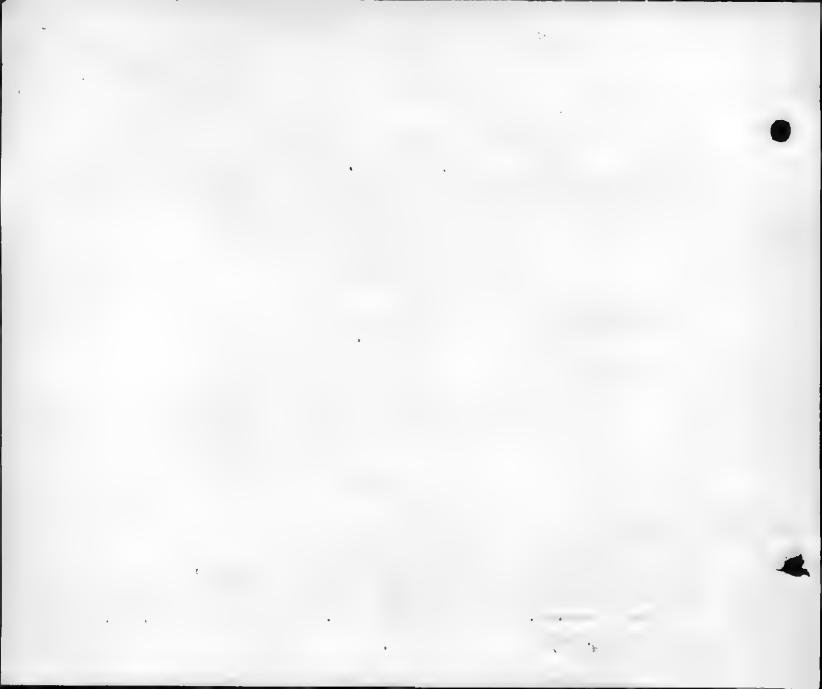
VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

618

66613

	PLACE OF DEATH	2, USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
	a. COUNTY (REDERICK MARYLAND	a STATE MARY (arec) b. COUNTY FIZE	Daleck.
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c CITY OR JOWN (If outside corporate limits, write RURAL and g	ive nearest tawn)
	1-REDERICK	1. FREDERICK MURMO	DIT
1	d. NAME OF HOSPITAL HE not in haspital, give street address) OR INSTITUTION FOR OFFICE Memslad. Has	d STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) BABY 6)RL	FRITZ BEATH January	1 27 196
5. 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	or other or other	YEAR IF UNDER 24 HRS
1-	Tella   White WIDOWED   DIVORCED	PANUAREI VO 1/61 _ you	le min.
100	USUAL OCCUPATION (Give kind af work done 10b, KIND OF BUSINESS OR INDI- during mast af working life, even if retired)	JSTRY 11 BIRTHPLACE (State or foreign country) 12. CITI)	ZEN OF WHAT COUNTRY
		Maryland	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	MONALD CLEVELAND FRITZ	PATRICIA/INN MISN	ER
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wer or dates of service)	NFORMANT Address	
			· · · · · · · · · · · · · · · · · · ·
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A , +	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)	Lucy	
	DUE TO		
	Canditians, if any, which agove rise to immediate (b)		
	cause (a), stating the under-		
Z	lying cause last. ) (c)	T NIGHT BELATER TO THE TERMINIAL RISEAGE CONDITIONS CIVEN IN GAD	TIALLIS WAS ALLTOPSY
CATION	PART 31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port 1 or Part II of stem 18 )	
3		LACE OF INJURY (Hame, form, 20f (City or town) (Catry, street, office bldg., etc.)	aunty) (State
MEDICAL	Haur a.m.  P. m.  19 at work at work	actory, street, office plag., etc.)	
~	21 I certify that (I) (this haspital) attended the deceased fram	26 Jan 1961 10 27 Jan 196	/ that (I) (we) las
		death accurred at 4 30 from the causes and an the	
	220 SIGNATURE	dearn accorded of the same of	22b, DATE
	RL Grass	M.D PHYS MED STAFF PHYS	SIGNE
	127c PHYSIC AN'S NAME (Type) Dr. P. L. GUEST	( Q) 3nd St. Tradaio	62
	BURIAL, CREMAT ON 236 DATE THEREOF 23c NAME OF CEMETERY		(State)
	Barriage Ridge Ridge	e Cem. Thurmont Fredk. Co	- Mg
24	ADDRESS ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
19	aymond Thurmont,	DATE AN 30'61 author 8. 1	Track



# 4 FOR STATE

essary, please ector. Page

TO DEPUTY K. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is presessory, please execute the challends, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral pictor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

V5 A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **ETAMEDICAL EXAMINER'S CERTIFICATE OF DEATH**

_	0.2.0				Reg. Dist. No.
1,	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institute b COUNTY	Per Rei'dence before admission)
	CITY OR TOWN (if outside corpo at a family, mer to RURAL Rural Walker sville	seconds		urmont A	RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	al, give street address)	d STREET ADDRESS		e IS RESIDEN LE
31	cricken while driving o	n Road.	Thurmon	t.R.D.I	YES NO
3.	NAME OF DECEASED (Type or print) CHARLES NEWT(	Middle ON GRIME		DATE Month OF DEATH Jan 4th	Doy Year •1961 19
5.	Male White Widowed		DATE OF BIRTH April 2.191	9 AGE (In years last birthday)	IFUNDER TYEAP IF UNDER 24 HRS Months Days Hours Min
10	usual occupation (Give kind of work done 10b, KIN dyring most of working life, even if retired) Manager-Teacher	D OF BUSINESS OR INDUSTI	Frederick	r fore gn country)	12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	ME	
	John B. Grimes		Florence M	• Stull	
1.5	. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SO	CIAL SECURITY NO 17. IN	FORMANT	Address	
Į.	n. no. er subnown) (If yes, give war er dates af service) 215	-IO-2525 Mal	bel F. Grim	es Thurmont	t.R.D.I.Md
ATION	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.  PART H. OTHER SIGNIFICANT CONDITIONS CON	go cardial Lonary G. HELDOCLO  (RIBUTING TO DEATH BUT N	he The		12 hun -
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	OW WILLEY OCCURRED (E	iter nature of injury in Port	ar Port II of ilem 18 )	day of the same of
MEDICAL	Hour o.m. While	URY OCCURRED 20e. PLAC Not while facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f (City or lown)	(County) (Stote)
	21. I certify that I took charge of the re-	mains described abay	re, held an Autopsy	, Inspection ,	Inquiry , and in my
	opinion death resulted fram: Natural car	uses 🔲, Accident 🛚	], Suicide [], H	omicide 🔲, Undeter	mined manner
	ACTUAL BORNO	nas_	M D CHIEF MEDICAL EXA	MINER [	n.5.196Late signed
	EXAMINER'S B.O.Thomas.		ASSISTANT MEDICAL E	100	
22		reagerstown	G al	22d LOCATION (City, town, or Bagerstown F	
23	JONERAL DIRECTOR'S SIGNATURE COMMON TO THE COLLEGE	Augurment.	Md. 240. REC'D	BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE
7	11-				the visit of the second



VS AT5 (4) 15M 9/5B

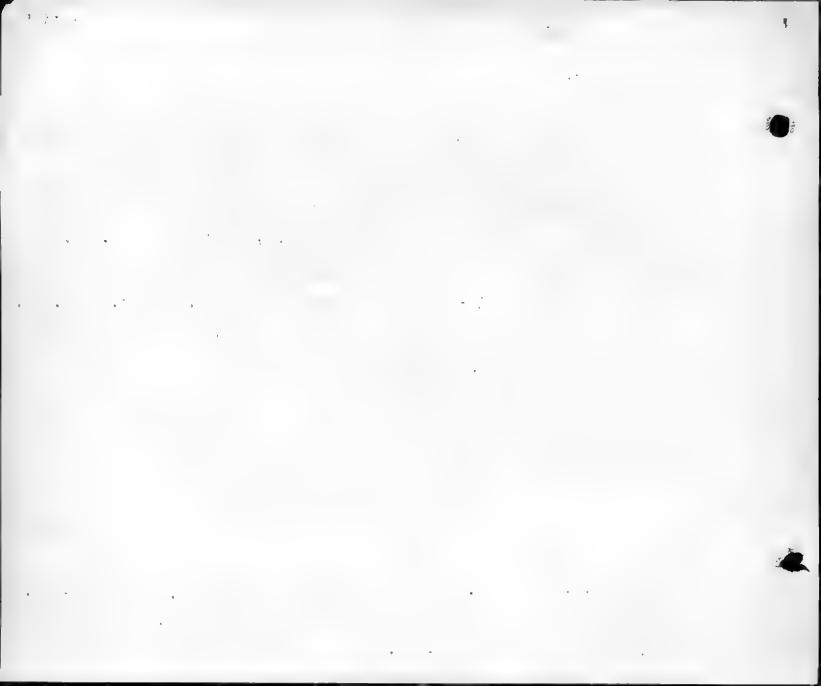
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

620

CERTIFICATE OF DEATH

Dia No. 60615

-		O Tal O	CERTIFICA	ALE OF DEAT	Re	Reg. Dist. No.				
A	PLACE OF DEATH COUNTY Fre	derick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	_	b. COUNTY	rederi			
	Frederi	ick	6 days	c. CITY OR TOWN (IF Frede		limits, write RURA		·		
1	OR INSTITUTION	AL (If not in hospitot, give street  C. Memorial III	ospital	d street address 417 Klinch		lley 4	1	YES NO X		
	3. NAME OF DECEASED (Type or print)	Ruth Eliza	Middle theth Gross	Lest	4. DATE OF DEATH	Month January		Yeor 19 61		
	5. SEX			B. DATE OF BIRTH	9.	ost birthdoy) Ma	inths Doys	Hours Min.		
	Female	Colored		May 1-1893		67 yrs				
	during most of worki	ing life, even if refired)	KIND OF BUSINESS OR INDU					WHAT COUNTRY?		
ŀ	Domestic  13. FATHER'S NAME		200000000000000000000000000000000000000	Frederic		/Land ]	U.S.	A		
		ohnaon		Clara Pa						
1		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT	<u>-1.111</u>	Address				
	(Yes, no, or unknown)	f yes, give war or dates of service)	213-24-9957	Marshall P	olm -0	W. 6th	St Er	hit has		
ı		TH [Enter only one couse per I		WOJ SUGLA	BHIL V	THE OWN	INTER	VAL BETWEEN		
	PART I. DEAT	H WAS CAUSED BY:	Corre	3 /-	Time	1 左二十	ONSE	T AND DEATH		
	153	IMMEDIATE CAUSE (o)				6 - 20	1			
	Conditions, if on	y, which (b)	no los Insis	la la	27-4					
	gove rise to im	mediate (						_		
	couse (a), stating the lying couse lost.	ne <u>under-</u>								
	PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIVEN	, ,	. WAS AUTOPSY PERFORMED?		
		CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)				
	20c. TIME OF INJURY Hour a.m.	While	L C-	ACE OF INJURY [Home, for ctory, street, office bldg., et		fown}	(County)	(Stote)		
	21. I certify the	at Lattended the decea	sed from Zenze	16. 1968 to	Jan 2	, 19 <u>44</u> tha	t I last saw	the deceased		
	alive an	2 19	ond that death	occurred at 1 3%						
						, city or town, state		DATE SIGNED		
	ACTUAL SIGNATURE	12000	2000-	M.D. ,		Jan 4	1196			
	PHYSICIAN'S NAME (Type)	B.O. Thomas S	ir.	Frofess	ionel T	31da Fr	ederic	elc. Md.		
	220 BURIAL, CREMATION	V, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			N (City, town, or co		(Stote)		
	Burial (Specify)	1-5-61	Fairview		Fred	erick, 1	arylai	nd		
	23. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAF		R'S SIGNATURE			
	C.E. Hick	s LLL Free	derick, Md.	DATE J	AN 6 '61	arthu	7 S. Thomas	A		



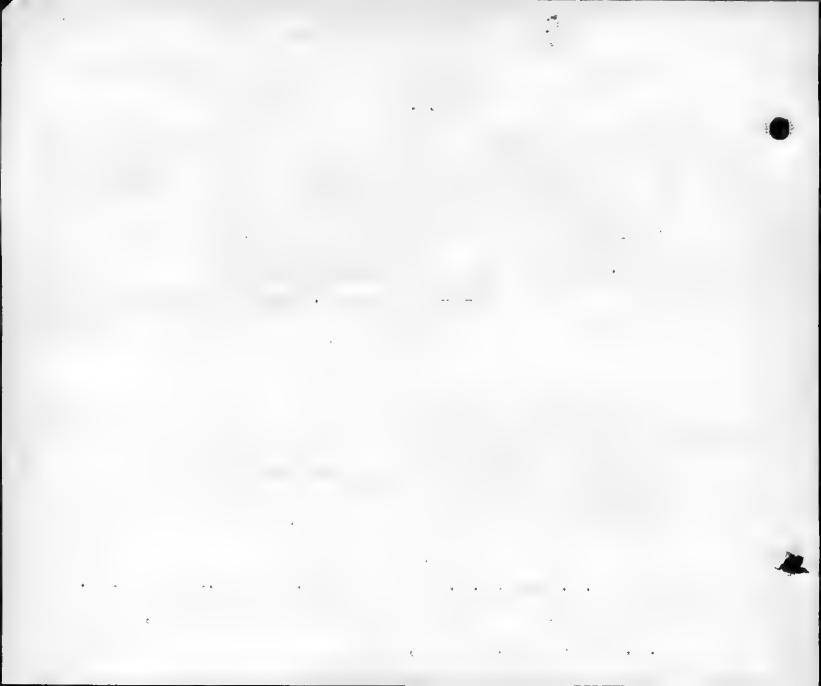
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TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	021	CERTIFICA	IE OF DEATH		
}	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE Haryla	b. COUNTY	ederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporale limits, write RURAL	ond give nearest town)
ŕ	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Frederick Memorial Hospi	oddress)	d. STREET ADDRESS 325 Ea	ast Second Street	e, IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) EFFIE	Middle  LARUE	HARDING	4. DATE Month OF DEATH Janu	ary 17, -961
	S SEX  6 COLOR OR RACE  7. MAR  White Widow	L. C.	5 Sept 1903	9 AGE (In years IF J) Age (In years IF J) Mon yrs	NDER 1 YEAR IF UNDER 24 HR
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) House-work	At Home	Unionvil	Lle, Maryland	CITIZEN OF WHAT COUNTRY
	Vernon C. Smith		Fannie Hart	tseck	
	(Yes, no, or unknown)   (1) yes, give war or dates of service)		formant tomas E. Flared	Address ing (Same as ite	m #2)
	18. CAUSE OF DEATH   Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS	Coronar	4	NAL DISEASE CONDIT ON GIVEN IN	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	CE OF INJURY (Home, form	1, 20f. (City or town)	(County) (State
	20c TIME OF INJURY Month, Doy, Year 20d. White of wo 21 I certify that (I) (this hospital) attention	rk at work	Olul 1510	0 435	19 <b>6/</b> , that (I) (we) la
	saw the deceased alive an 220. SIGNATURE	7 194/ , and that de		M, from the causes and ar	the date stated above
	22c PHYSICIAN'S	mas.		ED STAFF PHYS	19 Jan 1961 IGNE
	B. O. Thomas,  230 BURIAL, CREMAT ON, 236 DATE THEREOF	M. D.		rket St., Frederi	
	Billal Specify 1-20-61 24. FUNERAL DIRECTOR'S SIGNATURE	Rocky Hill Ce	emetery	Near Woodsbore, D BY REGISTRAR 256 REGISTRAR	Maryland
	M. R. Etchison & Son,		-7 A		2. Kinua



.iddletown, Nd.

DATEN 3 0 '61

Carlow & France

Coupany,

VS A15 (4)

15M 9/58



death. Page 4

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-											
ī	, PLACE OF DEATH a. COUNTY	Frede	riek	MARY		USUAL RESIDENCE (V	Vhere deceased  Jersey			nce before odm erland	nission)
	RURAL and give ne	f autside carporate limi earest tawn) ederick	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (III	_	ate limits, write F	URAL and	give nearest to	iwn)
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g			1	d STREET ADDRESS	Avenu			AO.	A FARMA
3	NAME OF DECEASED (Type or print)	Fir Rebecca		Middle		quett	4. DATE OF DEATH	Janu		Doy 14	Year 19 <b>61</b>
5	Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRII		ATE OF BIRTH		9 AGE (In years last-birthday) yrs.	Months Months	Days Have	1 .
11	on USUAL OCCUPATION  during most of work  Domestic	ON (Give kind of work or king life, even if retired		KIND OF BUSINESS OF		11. BIRTHPLACE (Sto		iuntry)		USA	T COUNTRY?
13	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
	Unknewn					Unknown	ı .				
1:		R IN U. S. ARMED FOR (If yes, give wor or doten of s	CES? 16.	SOCIAL SECURITY NO		les H. Jaq	uett, I		a, N.	J.	
	Canditions, if a gave rise to it cause (a), stating lying cause lost.	mmediate the <u>under:</u> DUE TO		arternos	Leve	us gener	alzil	very to		450	den)
MOLTADI	PART II. OTH	HER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PAI	PER	S AUTOPSY FORMED?
LOSOT CI	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED (	inter nature of injury i	n Part I ar Parl	II of item 1B.)			
MEDIC AT	20c. TIME OF INJUR Have a. m. p. m.	Y Manth, Day, Yes	20d. II While at war	NJURY OCCURRED Not while at work		OF INJURY (Hame, fa , street, affice bldg., e		ar tawn)	(	(County)	(State)
	saw the deceas	it (1) (this haspital sed alive an	) attend	2.2		. 4	960 , ta_ M, fram	1-14 the causes ar		L, that (I)	ed abave.
	22c PHYSICIAN'S	Bell	2	artin	M.D	ATTENDING PHYS.	MED DIRECTOR [	STAFF PHYS			226 DATE SIGNED
	NAME (Type)	Rex R	Mart	in MD		220 N . Ma	rket St	, Freder	rick,	Md	
2	3a. BURIAL, CREMATIO REMOVAL (Specify) REMOVAL	1-18-61	IF.	23c. NAME OF CEM			1	ion (City town	_ ′′		<sub>late)</sub> Jerse
2	M. R. Etc	s signature hisom & Soi	ı, Fr	ederick, M	arylan		C'D BY REGIST AN 1 9 '6	1	ISTRAR'S SI		



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director unerol 9 D by 2 puo .5 ond physicii ove attending eose ă he ģ gned ů. bur offending certificote After DIRECTOR: 5 e shou d FUNERAL F

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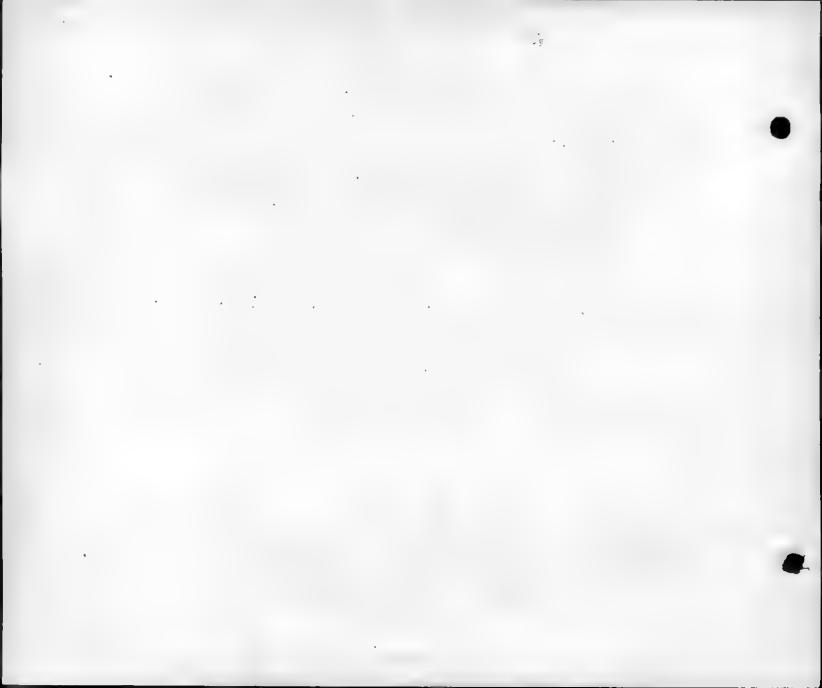
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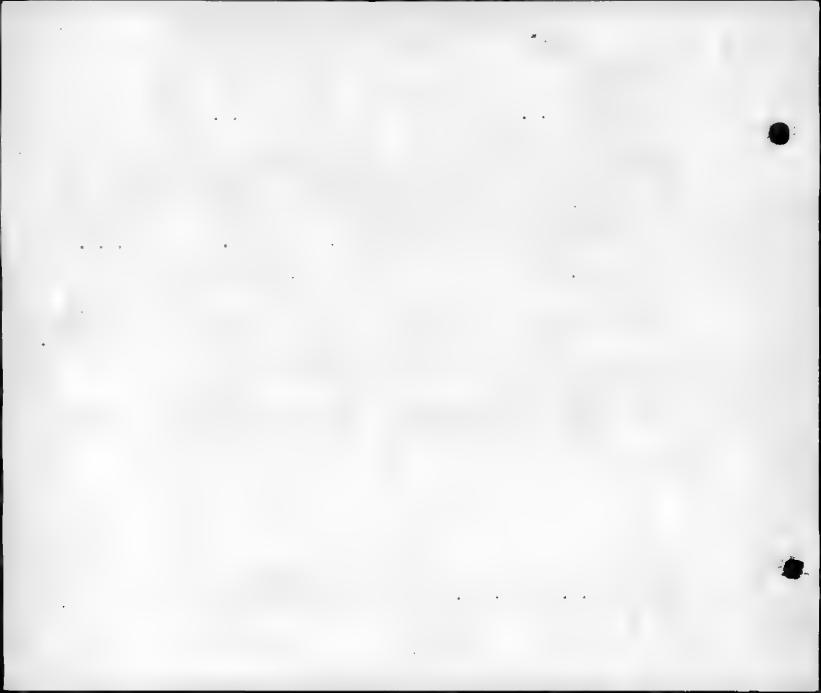
CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND mery CITY OR CITY OR TOWN (If outside corporate limits, write TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL opd give neorest town) ECETICA esv d. NAME OF HOSPITAL (If not in hospital, give street oddress d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO rederic MOTIO NAME OF 4. DATE First Middle Lost Month Day Yeor DECEASED DEATH (Type or print) 217 1961 P 16 UNDER 3 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years S SEX 8. DATE OF BIRTH MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [ DIVORCED | BIRTHPLACE (Stole or foreign country) USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life\_even if retired) ren FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U S ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT ---Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) enteri DUE TO generalized severe Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) Doy, Year (County) foctory, street, office bldg., etc.) WED Hour 0. m. While Not while at work at work \_, 19\_6\_\_, that (I) (we) last 1960 to Jan 4 21. I certify that (1) (this haspital) attended the deceased fram. M, fram the causes and an the date stated above 19.61, and that death accurred at5 saw the deceased alive an 1 220 SIGNATURE 22b, DATE SIGNED ATTENDING MED STAFF PHYS. M.D. PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF 23Ь. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. fown, or county) (Stote) REMOVAL (Specify) 25h REGISTRAR'S SIGNA ADDRESS 250. REC'D BY REGISTRAR

DATE





1		MARYLA	ND STATE DEPARTM	ENT OF HEAL	TH-BALTIM	ORE, 18	
FOR STATE		62 MED	ICAL EXAMINER'	S CERTIFICA	TE OF DEA	Reg. Dir	st. No. 60622
HEALTH DEPT.	1, PLACE OF DEATH	ederick	MARYLAND	D. STATE	(Where deceased lived:	o. COUNTY eder	
Heading.	b. CITY OR TOWN	(If outside carparate hants, write RUI			(If outside corporate lin	TIEUET	aive negrest lawn)
# # E	and give nearest to	ick R.F.D.3		11 €	ck R.F.D.		g
26.5			B years of in hospital, give street address)	d STREET ADDRESS		10	e. IS RESIDENCE
h. Baard					<u> </u>	<u> </u>	YES NO
Funer State death.	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Doy Year
the re-	(Type or print)	Anna		auffman	DEATH Janu		19 6]
3 to may b with urs of	5. SEX		MARRIED NEVER MARRIED		9. AGE	Photos 1	DOYS HOUSE MIN.
2 mg	Female		DOWED DIVORCED A	pril 12,19	13 47	уга.	70013 77011.
Poge ond in 72 h	10a, USUAL OCCUPA' during most of work	TION (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SIO	te or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
- A \	Hous	e wife		Frederi	ck Co.	U.	S.A.
Poges PM3, pages	13. FATHER'S NAME			14. MOTHER'S MAIDEN			
form PM3. File pages	Samu	el T.Toms		Mary C.K	auffman		
Give File	15. WAS DECEASED (	EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17.	NFORMANT		Address	
0 ft 1 ft	No		2[6-14-5902]	Raymond Ka	uffman, Fi	rederick	R.F.D.3
d in d	18. CAUSE OF DE	ATH [Enter only one cause p					INTERVAL BET WEEN ONSET AND DEATH
alon alon an	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary_Art	ery Thromb	osis		I/2 hr.
in in ce ce ce con vol.	42	DUE TO					
Prince of the second se	Conditions if		Artero-sclerot	ic heart d	lisease		
in perimer's burier's	gove rise to imm (a), stating the couse lost.						
Fig.	_		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	1(0) 19, WAS AUTOPSY
Sed Endi	ATIO						PERFORMED?
Medicol Medicol iol, cren	PART II. O	ONTRIBUTING []	DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in P	ort I or Part II of item I	10)	
Chief 3 shoot	20c. TIME OF INJ	1.	20d. INJURY OCCURRED   20e PL/ While Not while foc	CE OF INJURY (Home, fa tory, street, office bldg., e	rm. 20f. (City or lown	) (Cour	nty) (Slate)
the the		**	the remains described abo	ave held on Autor	nev 🕅 Inspecti	on X, Inquiry	ond in my
ded to gent, a		_	turol couses Accident				,
Pirecial John Pirecial Pirecia	ACTUAL SIGNATURE	Blok	onas_	M.D. CHIEF MEDICAL			DATE SIGNED
should be FUNERAL	EXAMINER'S NAME (Type)	B.O.Thoma	s,M.D.	DEPUTY MEDICA	L EXAMINER (1)	Janurary	14,1961
25 Z Z	220. BURIAL, CREMAT	ON. 226 DATE THEREOF	27c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (CI	ty, town, or county)	(Stote)
2 7 5 5 6	Burial	1/16/1961			Walker	sville	MD
A15ME	23 FUNERAL DIRECTO	OR'A SIGNATURE	ADDRESS		C'D BY REGISTRAR	246. REGISTRAR'S SIGI	NATURE
M 2 '57	La Ca	Inrilan-	Walkersville	MD DATE!	AN 1 9 '61	5 2 2 g f	Court



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIEIDIGIT OF	SIMILATIONS DESCRIPTION	~	LINE OF THE PARTY	- DAG
)	28	CERTIFICA	<b>ATE</b>	OF D	EATH

	PLACE OF DEATH a. COUNTY	Frederick	MARYL	- 11	p. STATE	ence (wh		lived. If instit. b. COUNT	Y	e before odmission	)
	RURAL and give	(If outside corporate limits, wr nearest tawn)	_	V 1Ь			•			ive nearest town)	
		Thurmont Rt		-			Thurm	ont Rt.	-1	,	
	d. NAME OF HOSI OR INSTITUTION	PITAL (If nat in hospital, give st N	treet oddress)		d. STREET AD	DRESS				e. IS RESIDE ON A FA YES N	ARM?
1	NAME OF DECEASED (Type or print)	First John	Middle <b>Henry</b>	Kli	lead		4. DATE OF DEATH	Jan. 1	onth O—	Day Yea	61
S S	Male	2000 7 4	MARRIED NEVER MARRIED		date of birth -28-187	7		9. AGE (In year lost birthdoy	Months	YEAR IF UNDER 2	Min.
100	JSUAL OCCUPAT	IFON (Give kind of work dane arking life, even if retired)	106 KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (State	ar foreign co	untry)	12 CITIZ	ZEN OF WHAT COL	JNTRY
	Farme		Own Farm		Mary	land			II.	S.A.	
13.	FATHER'S NAME			į	14. MOTHER'S		NAME		1		
	Paul	Klipp			Mary	Kori	rell				
1S.	WAS DECEASED FT	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFO	RMANT			A	ddress		
(1.00	No	(ii yes, give rigi is devel of service)	None	Mrs.	John H	. Kl.	ipp-T	hurmont	- Md	Route 1	
	1B. CAUSE OF D	EATH [Enter only one couse p	per line for (o); (b), and (c).]		7	1	,			INTERVAL BETWO	
	PART I. DI	EATH WAS CAUSED BY: (MMEDIATE CAUSE (6)	Orefrial	(	tetri	-66	3 26 3	)		1 11 40 6	
	53	DUE TO									
	Conditions, if		101200	UT.	CKING -	74	7 LL 21	1774 3		- Jech	2 7
	gove rise to couse (o), statin	immediate (				-				1	
	lying couse los										
CERTIFICATION	PART II. O	THER SIGNIFICANT CONDITION	1 , 1	EA C	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	SIVEN IN PART	1(0) 19 WAS AU PERFORM YES 1	ED?
	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 20b. IG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED	Enter noture of	injury in I	Part I ar Part	II of item 1B.)			
MEDICAL	20c. TIME OF INJU				E OF INJURY (H ry, street, office			or town)	(0	ounty)	(State
MEC	Hour a.m	10	Vhile Not while	1	<i>y</i> <sub>2</sub> arradit, orrigo	ologi, ele	"	,			
		nat (I) (this haspital) at	" f	- 1 -	200			finel !		_, that (I) (we	
	220. SIGNATURE	ased alive an A	19.21., and t	hat dec	oth accurred	all ser	WI THOM/	the couses	and on the		
	156	Idan Like 2	} }	M.I	ATTENDING	MI	ED RECTOR	STAFF PHYS		Jan. 11	IGNET
	22c PHYSICIAN'S		//		22d. ADDRES						
	NAME (Type)	Dr. B.O. Thom	as4Jr•		Profe	ssio	nal Bl	dgFre	derick	-Md.	
23a	BURIAL, CREMAT		23c NAME OF CEMET	ERY OR C	REMATORY		23d LOCAT	ION (City, town	or county)	(Stote)	
	Burial Specif	Jan. 14-19	61 Mt. Olive	t Cen	netery			erick-		, ,	
24	FUNERAL DIRECTO		ADDRESS				D BY REGISTS		GISTRAR'S SIG		
1/	10-1-11-11	- to 1/ (- 1/	Market Company of the	S.Ecil		. 11	DIV L D U	/ 1 (	_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 P.Fananage	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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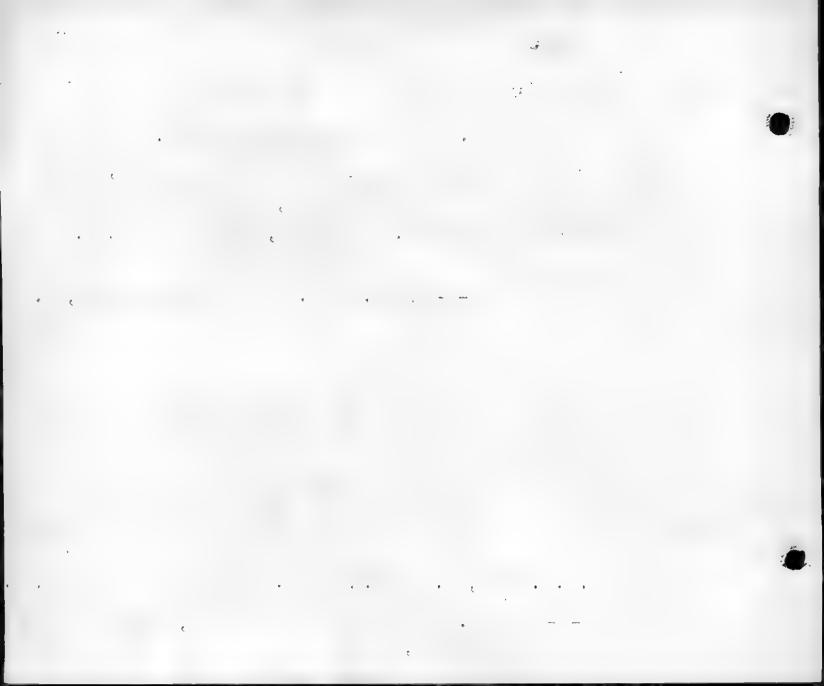
SEAN   GOUGE OF RACE   7 MARRIED   NOVER MARRIED   SEAN   SO AGE (IP) year   IP JORGE   THERE   THERE   THERE   24 MARRIED   SEAN   MICHAEL   MI			696		CE	RTIFICA	TE OF	DEATI	Н			-	UUU	54 4
D. CHY OR TOWN [if counded corporate limits, write RURAL and give memeral hown]  A SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS  Edgewood Church Road Rt. # 7   15 ESSIDENCE, SREET ADDRESS RESERVED RESER	o CC	UNTY	ierick		·.	MARYLAND			_		UNTY _			n}
d. NAME OF CONTROL (  In of in hospiol. give street eddress)  Biggwood Church Road (Rt. # 7)  NAME OF CONTROL (  In of in hospiol. give street eddress)  Biggwood Church Road (Rt. # 7)  NAME OF CONTROL (  In of in hospiol. give street eddress)  NAME OF COLOR OR RACE  NAME OF First  NAME OF STREET ADDRESS  SER  CACIOS OR RACE  NAME OF STREET ADDRESS  SER  CACIOS OR RACE  NAME OF STREET ADDRESS  SER  CALOR OR RACE  NAME OF STREET ADDRESS  NAME  NAME OF STREET ADDRESS  NAME OF STREET ADDRESS OF NO. 3. ADDRESS OF NO	b. CIT	RAL and give nec	rest town)				c CITY	I) NWOT SC	f autside corp		rite RURAL or	nd give near	rest town)	
OR INSTITUTION  Ragewood Church Road (Rt. #7)  Ragewood Church Road Rt. #7  Road Rt	( 51					Jime	Å		rt tred	GLICK			IC DECID	ENICE
DEFORMANCE OF DEATH Enter only one couse per line for (c), (b), and (c)    PART I DEATH WAS UNDERSTRING OF DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)    TO USUAL OCCUPATION (give lind of word done of word)  The was determined by the state of the	OR	INSTITUTION			/ H -	7)	11 1		Church	Road	Rt. #	7	ON A F	ARM2_
Divorce   Divorce   Divorce   February 22, 1911   Ital printedry   Months   Doys   Month   Doys	DECE	ASED			Cather		Knill.	Last	OF	Jan		21, <sup>Day</sup>		
Address   Addr	s sex <b>F</b> e	emale			uf Da			-	1914		day) Month			
13. FATHER'S NAME	duri	ing mast af w <mark>a</mark> rki	ng life, even if retir	ed)		_					12.0			UNTRY?
S WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO   21,-10-1011   Mr. John H. Knill Route # 7 Frederick, Ma.		The second second	40 110404	7011 1		5 000								
PART I. DEATH WAS CAUSED BY:   Conditions, if ony, which gave rise to immediate couse (a), stoling the under typing couse last. (c)   PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY TERMONOMY TO COURRED (Enter noture of injury in Part I or Port II of stem 18.)   OR CONTRIBUTING CAUSE OF DEATH (I) (this haspital) attended the deceased from p.m. 19 while while you make (Type)   19. WAS AUTOPSY TEST (County)   19. WAS AUTOPSY (County)   19. WAS AUTOP								Smith	n					
B. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c)	(Yes. no, c	or unknown) (5			1			H. K	117 1	Route #		rederi.	ck. N	Æd.
DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stoting the under lying couse last.  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO   OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING AND INJURY Month, Day, Year  OR CONTRIBUTING I CAUSE OF DEATH  OR CONTRIBUTING AND INJURY MONTH, Day, Year  OR CONTRIBUTING I CAUSE OF DEATH  OR CONTRIBUTING AND INJURY MONTH, Day, Year  OR CONTRIBUTING I CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING I CAUSE OF DEATH  OR CONTRIBUTING AND INJURY MONTH, Day, Year  OR CONTRIBUTING I CAUSE OF DEATH  OR CONTRIBUTING AND INJURY OCCURRED  While of work injury in Part I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION OF THE TERMINAL DISPARCE OF THE TERMINAL DISPARCE  YES CAUSE OF THE TERMINAL DISPARCE  YES CAUSE OF THE TOT OF THE TERMINAL DISPARCE  YES CAUSE OF THE TOT OF THE TERMINAL DISPARCE  YES CAUSE OF THE TOT OF THE TERMINAL DISPARCE  YES CAUSE OF THE TOT OF THE TERMINA		CAUSE OF DEAT	H WAS CAUSED BY	6 Pla	line for (o), (b),	-	4	- /2 "	1	_	<del></del>	INTE	RVAL BETY	WEEN DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark at war	ga cou lyin	ive rise to in use (a), stating t ng couse last.	y, which a mediote be under-	(b) TO (c)	CONTRIBUTING	TO DEATH BU	T NOT RELATE	O TO THE TER	MINAL DISEA	SE CONDITIO	N GIVEN IN I	PART 1(a) 15	PERFOR	MED?
21. 1 certify that (1) (this haspital) attended the deceased from		CONTRIBUTING	☐ CAUSE OF DEAT	M I	SCRIBE HOW IN	JURY OCCURR	ED (Enter notu	re of injury i	in Part I or Pa	ort II of item I	B.)			
saw the deceased alive an 1-23 1961, and that death accurred at 1/1 M, from the causes and an the date stated above  22a. SIGNATURE    V 1/3   3   3   22b. DATE   SIGNED   22c. PHYSICIAN'S   22d. ADDRESS   22d. ADDRESS   22d. ADDRESS   22d. ADDRESS   23d. ADDRESS   23d. LOCATION (City, town, or caunty)   (State)    Burial   1-27-1961   Mt. Olivet Cemetery   25o RECID BY REGISTRAR'S SIGNATURE   ADDRESS   25o RECID BY REGISTRAR'S SIGNATURE   25o RECID BY REGISTRAR'S SIGNATURE	WEDICA 20c.	Haur o.m.		whil	e Nat while	1 6	LACE OF INJU actory, street, o	RY (Hame, fo iffice bldg., (	erm, 20f. (Ci	ly or town)		(County)		(State)
Dr. U. G. Bourne, Jr. M.D. ATTENDING MED DIRECTOR STAFF  22d. ADDRESS  23d. LOCATION (City, town, or caunity)  (State)  Frederick, Maryland  24. FUNEBAL DIRECTOR'S SIGNATURE  ADDRESS  250 RECID BY REGISTRAR'S SIGNATURE					ded the dec	eased fram.  and that	/ - 1	rred at						
Dr. U. G. Bourne, Jr. M.D. 30 W. All Saints Street Frederick,  23d BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Burial 1-27-1961 Mt. Olivet Cemetery  ADDRESS 250 RECID BY REGISTRAR 25b, REGISTRAR'S SIGNATURE  250 RECID BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	22a.	SIGNATURE DV LA	J. B.	elle	u Ja	/		DING		STAFF PHYS	]			
REMOVAL (Specify)  Rurial  1-27-1961  Mt. Olivet Cemetery  Frederick, Maryland  ADDRESS  250 RECID BY REGISTRAR'S SIGNATURE  250 RECID BY REGISTRAR'S SIGNATURE	22c.		Dr. U. G.	Bour	me, Jr.				. All	Saints	Street	t Fre	deri	ck,
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE	REA	MOVAL (Specify)						Υ					(State)	
(all la Call) (b) (b) The development of	-			OT			merery.	250 RE	C'D BY REGIS	STRAR 2Sb.	REGISTRAR'S	SIGNATUR	E	
Marie Hellery 1 Teller Ion Ball 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To	hert Co	Hailey	Sti	Freder	ick, Ma	ryland		u a n '61					

may be revointed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ATTENDING PRYSICIAM: The law majorime that the death attrificate be exempted within 24 hours TO MOSPITAL

or death. Page 4

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	o. COUNTY Fred	lerick		USUAL RESID	ence (wh laryla			COLLEGE	n: Residen			on)		
	b. CITY OR TOWN ( RURAL ond give n Fredericl		, write	c. LENGTH OF STAY	IN 16	JF		utside corpor ick=Ru				give nec	arest town	)
F	d NAME OF HOSPIT	AL (If not in hospital, go Memorial H				d. STREET A					e. IS RESIDE ON A FA YES N			FARM?
	3. NAME OF DECEASED (Type or print)	First IDA	*	Middle REBECC	A	LAMM		4. DATE OF DEATH		Mont	anua	ry 3	, , ,	9 61.
	s sex Female	metry a a	7. MARRI WIDOWEI	DIVORCE	_	ATE OF BIRTH			9. AGE ( lost bi	(In years irthday) yrs	Months	Doys	Hours	R 24 HRS Min
	10a. USUAL OCCUPATION during most of work House-Wo	ON (Give kind of work di king life, even if retired) ONK	one 10b. K	At Home	R INDUSTRY		aryla		untry)			USA	WHATC	OUNTRY?
1	13 FATHER'S NAME				1.	. MOTHER'S								
	William					Mary	KeTTe	r						
	(Yas, no, ar unknown)	R IN U. S. ARMED FORCE (If yes, give wer or dates of ser	V108)				T	10-		Addr	11 -	,		
Ļ	No	ATH (Enter only one cou		Vone		ard E.	Lamin	(San	le as	3 lte	m #2		ERVAL BET	
	Conditions, if of gave rise to it couse (a), stating lying couse lost.	mmediate the under- (c).	ar Se	terio-se	lerote	c her	A a	liser	al			u	nka	ensi ensi
ı	Ž	HER SIGNIFICANT COND									tn in rai	K1 1(a) 1	PERFO	NO A
		AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	Юb. DESC	RIBE HOW INJURY O	CCURRED. (E	nier noture a	f injury in f	Port Lar Port	Il of iter	m 1B }				
	Y 20c TIME OF INJUI Hour a.m. p. m.	lY Month, Doy, Year	20d IN While at work	JURY OCCURRED Not while of work		OF INJURY (I , street, affice			or tawn)	)	1	(County)		(Stote)
	saw the decea	at (I) (this haspital) sed alive an 1/2	attende Z D			// <i>D</i> h accurred	194 9 <del>3</del> 130A	60 to M, from	the car	<i>O</i> uses an	, 19£			abave
l	22a. SIGNATURE	met Cas	lens	h	M.D.		A) Di	ED.	STAFF			2 F		DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Kenneth C.	Hense	on, M. D.		22d. ADDRE		, Mary	land	1				
	230. BURIAL, CREMATIC REMOVAL ISpecify BURIAL	2-3-61		23c. NAME OF CEMI Lutheran				23d. LOCAT		y, town, o			(\$tate	9)
	24. FUNERAL DIRECTOR M. R. Etc	s signature hison & Son	, Fre	ederick, M	arylan	d	25a. REC'I	B 7 '6	4	256 REGIS	itrar's s			

may be refer also by the hasp tal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by refuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death. death. Page il ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A15 (4) 15III II/59



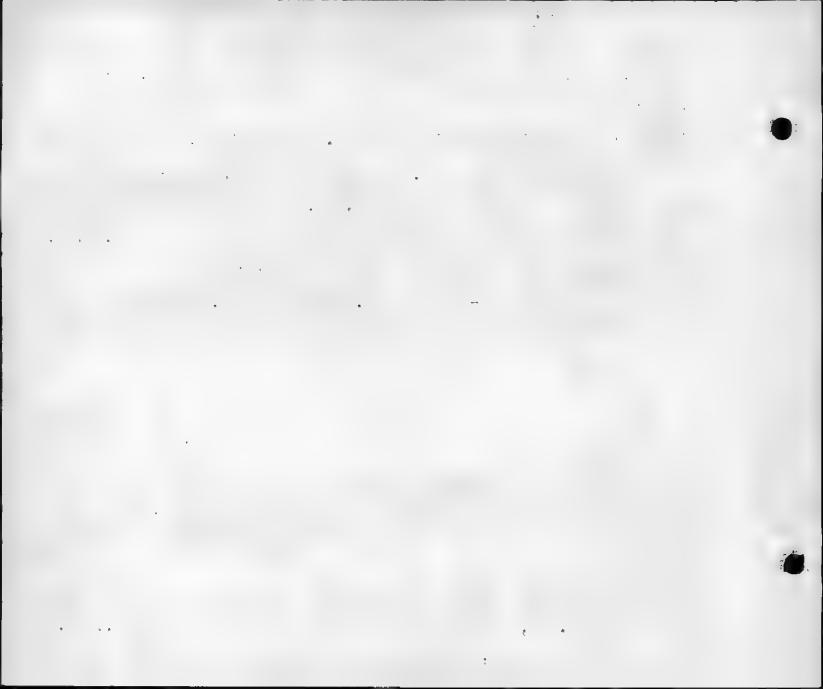
	OO.L			- K	eg. Dist. No.
1.	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Who	are deceased lived. If institutions	Residence before admission)
	Frederick	MARYLAND	Maryla	and b. COUNTY F	redetck
75	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	w	utside corporate limits, write RUR/	At and give nearest town)
1	Tederick  d NAME OF HOSPITAL (If not in hospital, give street of	oddress)	Frederic   d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
	OR INSTITUTION _	spital	f	ch Street	ON A FARM? YES NO X
3.	NAME OF DECEASED [Type or print] MILLARD	Middle T • I	EASE	4 DATE Month Of DEATH January	Day Year 28 1961
5.			. DATE OF BIRTH	9 AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS
	Male White WIDOWE	ED DIVORCED T	eb. 12, 19	14 46 ym.	onths Days Hours Min.
_ 10	during most of working life, even if retired)  Carpenter	KIND OF BUSINESS OR INDUST	IRY III. BIRTHPLACE (Slote of Maryl a		U. S. A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Edward Lease		Grace S	Pregonning	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
Ľ		0-10-5003 Mr	s. Cynthia	Lease, Same	as 2
	18. CAUSE OF DEATH [Enter only one course per lin		. /		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	neine when in	testinal he	- hase	ONSET AND DEATH
	OO2 × DUE TO O		^	1	
	Conditions, if ony, which ) (b) Kar	there of as	sphanel s	menen	2 diam
	gove rise to immediate	2 11		//	7
	lying couse lost.	mallong_	Wain &	handone !	
Z	PART II OTHER SIGNIFICANT COMPITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAMIDISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
FICATIO	Parlmona teste	Enione a	the		PERFORMED?
CERTIFIC	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of item 18.)	
A P		NJURY OCCURRED 20s. PLA	CE OF INJURY (Home, farm,	20f. [City or town]	(6)
MEDIC			ory, street, office bldg., etc.)		(County) (State)
	21. I certify that I attended the decease	ed from Jan 26	, 196L, ta 3	5 78 196/1	hat I last saw the decease
	alive on 25 196	and that death	accurred at 6 A		an the date stated above
	51 10	1'1		DDRESS (Street, city or town, sto	
	ACTUAL BUHATURE	base N	1.0. 4EC	hurch S	+ 1/28/61
	PHYSICIAN'S Henry 1. (	hase	Frede	rich mon	plans
22	lo. BURIAL, CREMATION, 22b. DATÉ THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or &	ounty) (Stote)
	urial Jan. 31, 196		pel Cemete		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
IU	. M. Waltz. Winfield	l. Marvland	Enate JAD	130'61   07	2 9 Warre

may be retain the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VS A1S (4) 1SM 9/S5

funeral director,

er death. Page 4



e. IS RESIDENCE

Frederick

U.S.A.

PHYSICIAN: The low requires that the death certificate be executed within 24 hours

PLACE OF DEATH o. COUNTY Frederick MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give pearest town)
Frederick 40 yrs. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Frederick Memorial Hospital

Maryland Frederick

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

**b** COUNTY

d. STREET ADDRESS

ON A FARM? 402 Carroll Parkway YES NOX

3,	NAME OF	Fire	st Middle	Middle tost		Mont	h	Da	y Ye	105
	(Type or print)	Ruth	Strine	Lenhart	OF DEATH	Januar	У	10	19	63
S	Female	6 COLOR OR RACE White	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  June 14-1897		9. AGE (In yeors lost birthdoy) 63 yrs.	Months	Days	Hours Hours	24 HR
10		N (Give kind of work on his life, even if retired)	done 106 KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Slote	or foreign c	puntry)	12 CII	IZEN OF	WHATCO	UNTRY

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Gregg J. Strine

Katherine Kauffman

Maryland

17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 214-14-6588 Mrs. Dwight Roy-803 Trail Ave.-Frederick-Md. No

1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]					INTERVAL BETWEEN
PART I. DEATH WAS CA	USED BY: E CAUSE (o)	Dissecting	aneurism	of theroesc	15 hours
451X	DUE TO	7		Anta	,,,,,,,
Conditions, if ony, which	(b)				
gave rise to immediate	DUC TO				
couse (o), stating the under-	DUE TO				
lying couse lost.	(c)				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19

Seamstress

20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

Self employed

20c. TIME OF INJURY Year O. m.

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(County) (Stole)

(Stole)

PERFORMED? YES NO

p. m. 1961, ta Jan 10 1961, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram.\_\_ 19.61, and that death accurred a 3:300. From the causes and an the date stated above. saw the deceased alive an 22b, DATE

22o. SIGNATURE 22c. PHYSICIAN'S

NAME (Type)

L.R.Schoolman

ATTENDING 22d ADDRESS

STAFF PHYS 810 Toll House Ave .- Frederick-Md.

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 230, BURIAL CREMATION. REMOVAL (Specify) Woodsboro- Maryland Mt. Hope Cemetery Buria

24 FUNERAL DIRECTOR'S SIGNAPURE

ADDRESS Frederick- Maryland 250 REC'D BY REGISTRAR DATEAN 1 6 '61

MED.
DIRECTOR

2% REGISTRAR'S SIGNATURE Cirilary S. France

VR A15 (4) TSM 9/59

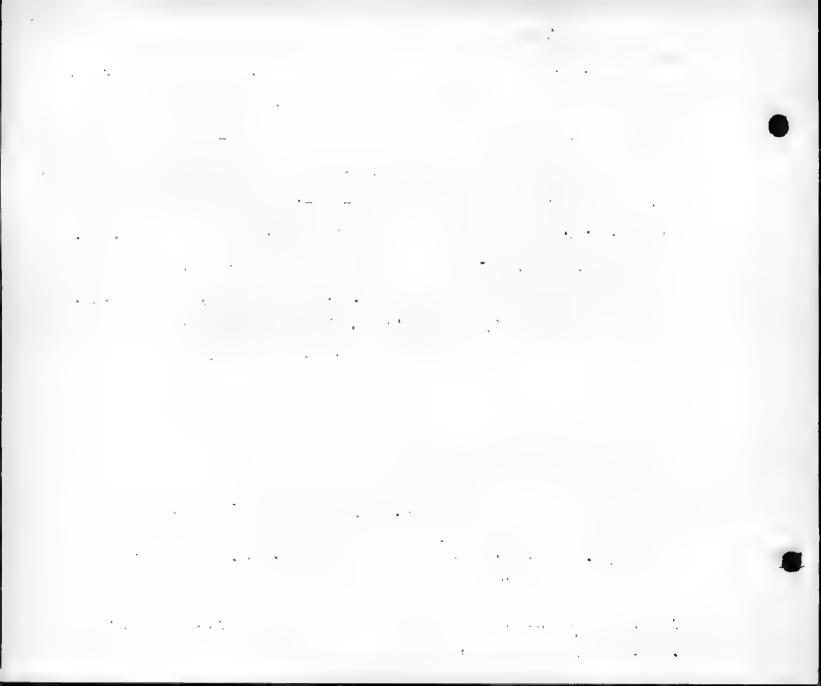


0.0622**CERTIFICATE OF DEATH** 633 Reg. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Filed Frederick b. COUNTY Maryland Frederick MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give neorest town)
RURAL Knoxville Q Rural Knoxville NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION by 2 YES - NO puo .⊆ NAME OF 4. DATE First Middle Last Month Day Yepr filled DECEASED 15 167 Magaha Ezra Rov DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX COLOR OR RACE 7. MARRIED THE NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) Months I Doys Hours 16-1886 Malo White WIDOWED | DIVORCED | popers. yrs. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired)
Follred Harmer Dairy Maryland U.S.A. puo corban house offer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME **■**hysicion Burr F. Magaha Sophornia Arnold remove IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 72 No Mrs. Virginia Magaha, Knoxville, Md. offe ding ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c), INTERVAL BETWEEN ONSET AND DEATH T. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 井 DUE TO é Conditions, if ony, which sign md gove rise to immediate DUE TO couse (o), stating the underlying couse lost. **burial-transit** has been CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work D. IT 21. I certify that I attended the deceased fram. 12 \_\_\_\_,that I last saw the deceased that death accurred at 5 alive an A.M. fram the causes and an the date stated above. moy be retained by the SEUNERAL DIRECTOR: ADDRESS (Street, city or fown, state) ACTUAL SIGNATURI 3 should be registrar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) bage REMOVAL (Specify) Burisl Rurkittsvil 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24a, REC'DaRY Brunswick, Maryland VS M15 (4) DATE **1SM 9/SB** 

within 24 haurs

death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 634MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a. COLINTY Poge Frederick o. STATE Maryland b. COUNTY Frederick files. Heolth, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) News) Market Months Near New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS J. NAME OF DECEASED 4. DATE First Month Helen Arline Mosls DEATH Janurary (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BIRTH 9 AGE in years Female T954 WIDOWED | DIVORCED [ 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Howard Co. School girl 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME George Moals Jr. Minnie Warfield form -F1-0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 11.1 George Moals Jr. New Market 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ] Third Degree Burnes PART J. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying C cremation, 50 PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS used 200. EXTERNAL CAUSE WAS FRIMARY DAO! CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Traped in burning house WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Yeor 120f. (City or town) factory, street, office bldg., etc.) Not while of work of work Nr. New Market. Frederick 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . apinion death resulted from: Notural causes , Accident 🖟 Suicide , Hamicide , Undetermined manner execute the fire 4 should be forwood FUNERAL DIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER PROPERTY. DEPUTY MEDICAL EXAMINER-NAME (Type) O. Thomas M.D. 220. BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) 0

**ADDRESS** 

SIGNATURI

23. FUNERAL DIRECTÓR'S

5M 2/57

24b. REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

(County)

Rea. Dist. No.

IF UNDER TYEAR

Months

e. IS RESIDENCE ON A FARM? YES X NO

Year

19 6 T

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Minutes

NO X

Mattate)

and in my

DATE SIGNED

(Stote)

U-S-A-







2 /

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director,

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After this

may be retained by the STUNERAL DIRECTOR:

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VS A15 (4)

1SM 9/S8

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**burial-transit** peen

physician.

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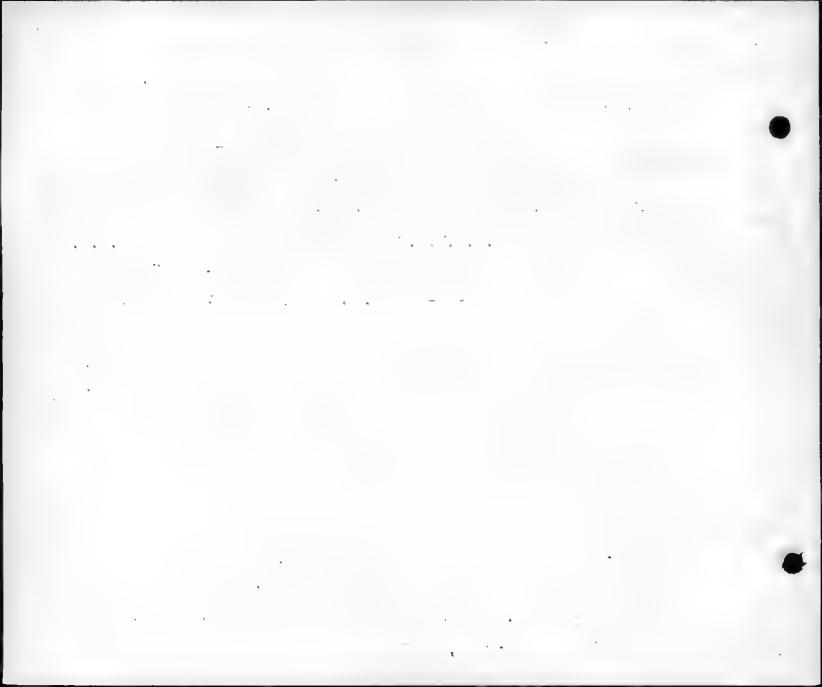


# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. (16634

1. PLACE OF DEATH o. COUNTY	ederick	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY	dence before admission) derick
	(If outside carporate limits, write	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF			
	tsville	Life	Burkittsv	dille	K	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree	t address)	d. STREET ADDRESS		é	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
DECEASED (Type or print)	Edward	Grum	Rice	OF DEATH	1	25 19 61
5. SEX	6. COLOR OR RACE 7. MAI	RRIED REVER MARRIED	B. DATE OF BIRTH	9 A	GE (In years IF UNE ist birthday) Month	S Days Hours Min.
Male		VED DIVORCED	2+12-1883		7 yrs.	s Days Hours Min.
10a USUAL OCCUPAT	ION (Give kind of work done 10brking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign country	12. (	CITIZEN OF WHAT COUNTRYS
Retired		& O.R.R.Co	Marylan			U.S.A.
3. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME		O VID VIII
/	Thomas Mil	ton Rice		Anna	America	Seneil
15. WAS DECEASED EV	Mf and a second date of comment		NFORMANT		Address	
(Yes, no, or unknown)	(in year, girls wor or outer or instruct)	218-14-5961 1	Mrs.May Ric	c,Burki	ttsville	, Md
	ATH [Enter only one cause per	line far (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	remia				2 days
610	X DUE TO					0
Conditions, if	ony, which ) (b) P	rostatic Lyn	ertrophy			2 110n.
gave rise to couse (a), stating	the under DUE TO	- 1	· -			
lying couse last	(c) C	ongestive He	art Failure	3		5 yrs.
NOTAL PART II. OI	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE CO	ndition given in F	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 5
G (IF EITHER, NOTIF	AS UNDERLYING 7 205. DE G 7 CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II o	filam 18)	
ZOc. TIME OF INJU Hour a.m. p. m.	10 Whil	C.	ACE OF INJURY (Home, far ctary, street, affice bldg., et	m, 20f (City or le	own)	(County) (State)
21. I certify t	hot I offended the deced	sed from Dec. 5.	, 19 59, to	Inn. 25.		last sow the deceased
	m. 25, 19			A, from the	causes ond on	the date stated above
	11/1	-5 -7 )	>	' i	city or town, state)	DATE SIGNED
ACTUAL SIGNATURE			M.D. Gun So	ring Hol	Llow	1-27-61
PHYSICIAN'S NAME (Type)	C.T.Byron Kao	, M.D.	Brynswi	ick, Ma.	. The same again ann ann ann ann ann ann ann ann a	
220. BURIAL, CREMATI	ON, 226 DATE THEREOF 1-28-1961	22c. NAME OF CEMETERY O		22d. LOCATION	(City, town, or count ttsville	1 /
23 EUNERAL DIRECTO		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
Paku test	Bruns	wick, Maryland	DATE	AN 31 '61	Circlina	S. Thomas
N. 1644 EV. 11. 11.	_		1 = 111	PLIL W	1	



### **FOR STATE** HEALTH MEPT.

TO DEPUTY IAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is presssary, please execute the "cate, writing the word" pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funere critar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in mny event within 72 hours after death.

**V5. A15ME** 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

TO0000

ı		ONA								Reg. D	ist, No.	General Contract
	J. PLACE OF DEATH					2. USUAL RES	DENCE (V	Vhere deceo	sed lived. If ins	Intution: Reside	ance befo	ore admission)
	Fre	derick		MARYL	AND	a. STATE	Mary.	Land	b. COU	NTY Free	deri	ck
N	OUG & A& UACKST JOHN	aulside corparele literte, write	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR	TOWN (II	autside car	porate limits, wr	ite RURAL one	í give ne	orest fown)
/	Ijamsville-	-Rural RD#1		10 Years		X	Ljams	sville	-Rural	RD#1		
			f not in hos	pital, give street address)	)	d STREET A				***		. IS RES DENCE
	Near Hyatts	stown					Near	Hyatt	stown			YES NO
	3. NAME OF DECEASED	Fire	2	Middle		Lost		4. DATE OF	Мо	nth	Doy	Year
	(Type or print)	MAURI		C.		CKETTS		DEATH		Januar	ry 30	0, 196L
	5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	□ 8. D				9. AGE (in years		TYEAR	IF UNDER 24 HRS
	Male	White	WIDOWE	42	_	2 Sept			79"hdorl		Doys	Hours M.n.
1	100 USUAL OCCUPATION STREET	ON (Give kind of work on life, even if retired)	_	IND OF BUSINESS OR IN	VDUSTRY	11. BIRTHPLA	CE (Stote	or foreign	country)	12. CITI	ZEN OF	WHAT COUNTRY
	Laborer		D	ay Laborer		Mar	yland	1		US	3A	
	13. FATHER'S NAME				1	4. MOTHER'S		IAME				
1	Unknown					Unk	nown					
		ER IN U.S. ARMED FOR	ervice)	SOCIAL SECURITY NO.		DRMANT			Addre			
Į	No		2.	17-30-0339	Mrs	Mary	E. Jo	ohnson	(Same	as iten	1 #1	)
		TH [Enter only one cou	se per line	for (o), (b), and (c).]	-			_			INTERV	AL BETWEEN AND DEATH
1	PARI I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Gun	shot of Skul	ll ar	nd Brai	n				-	stant
	976	DUE TO										
ı	Conditions, if or gove rise to immed											
ľ	(a), stoling the u											
ı	couse lost.	) (c).										
١	PART H. OTH  200. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	IER SIGNIFICANT CON	ortions <u>cc</u>	INTRIBUTING TO DEATH	BUT NO	RELATED TO 1	HE TERMI	NALDISEAS	E CONDITION C	GIVEN IN PART	I 1(o) 19.	WAS AUTOPSY PERFORMED?
1	5 20 5000000000000000000000000000000000	ler Mar									YE	S NO X
1	PRIMARY Of OF CON			HOW INJURY OCCURR					of item 18.)			
1				Laced in mou								
I	20c. TIME OF INJUR				ractory.	street, ottice t	ome, farm bidg., etc.)	1		{Cou		(State)
ı		3 - 17-				ome			Myattst	own-Fre	deri	ick-Md.
1				emains described					nspection <b>C</b>		· harmy	and in my
1	opinion death	resulted from: N	latural c	ouses 🔲, Accide	ent 🔲	, Suicide	<b>X</b> , F	łomicide	, Unde	termined n	ranner	
1	ACTUAL	s me										DATE SIGNED
J	SIGNATURE	UTHOT	770	2	A	1.5.		AMINER 🔲				DATE SIGNED
ı	EXAMINER'S T	2 O Thomas	n 1/	TO				L EXAMINE	35	20	) Tan	1067
ļ		3. O. Thoma					MEDICAL E	XAMINER	-		) Jar	1961
	270. BURIAL CREMATION FEMOVAL (Specify) Burial	2-2-61		Monocacy Ce				22d LOCA	TION (City, town	, or county)	0 70 63	(Store)
-	23. FUNERAL DIRECTOR			ADDRESS	211CO		Ma Proi		lsville			
			ttato	m, Maryland	1		r-E	B 1		GISTRAR'S SIG	NATURE	
							DATE					

DATE



1 7	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		641 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERT.	7.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission)  a. STATE  COUNTY  A. COUNTY
	/ <del> -</del>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)
of T		Route 76 ENROUTE TO Union Bridge (X-)
O CO	9	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESID NUE ON A FAPM?
nero ore E	3.	NAME OF First Middle, Lost 4. DATE Month Day Year
er de reference		(Type or print) Sprach Portal Rinefurt DEATH January 12 196
3 to 1	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your loubinday) WIDOWED DIVORCED DIVOR
and and 2 hours	10	O. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
25 - if 1		night watermark m RR may land U.S.a.
PAK3.	13	FATHER'S MAIDEN NAME
	I.	. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  II. No. of unitional   [If yes, given yer or dotes of service)
# # E		22 NO 1705-05-4339 MARGARIET O. RINEHART UNION BRIDGE/UD
ong per		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
in II		DUE TO
Fig. 19		Conditions, if ony, which agove rise to immediate cause
a thurst		(a), storing the underlying DUE TO
Exorra do as a contract	NO.	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Less dipen	1 2	200. EXTERNAL CAUSE WAS _ 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Part II of item 18.)
word but	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Part II of item 18 )
og the Chief of to by the by t	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 10d. (City or lown) (County) (State)  Hour o. m. 19 of work of work 10d. (State)
Page 1		21. 1 certify that I took charge of the remains described above, held an Autapsy [], Inspection [], Inquiry [], and in my
Zgent:		apinian death resulted from: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner
ted Co		ACTUAL SIGNATURE AD CHIEF MEDICAL EXAMINER (
he f be f be f be f signo		EXAMINER'S ASSISTANT MEDICAL EXAMINER []
S de Carte	27	DEPUTY MEDICAL EXAMINER (1) JOHN OF CEMETERY OF CREMATORY (200, LOCATION Comp. of county) (51010)
0 4 0 g	T	REMOVAL (Specify) JAN 15-61 MT VIEW CEMETERY UNION BIRINGE, MD
S. A15MII	1	TUNERAL DIRECTOR & SIGNATURE 2006. REGISTRAR 2006. REGISTRAR'S SIGNATURE DANAN 1 7 '61 DANAN 1 7 '61
5M 2/57		LETTON CANDON DISTUGE IVID DARTING

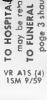


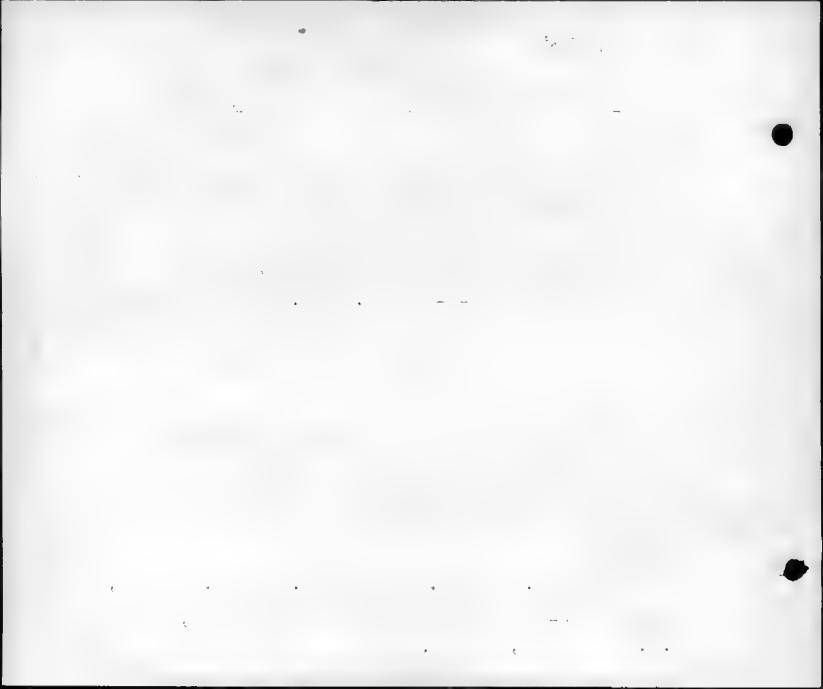
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVIDIO	NA OL SIMILISIIONE KESEI	AKCH MITP	MECOKD3	OME
642	CERTII	FICATE	OF D	EATH

66637

		PLACE OF DEATH					2. USUAL RESIDENCE (WI					issian)
	Ů		erick		MARYLA	ND	d Sint Maryla	and	b. COUNTY	Frede	rick	
)	ŀ	CITY OR TOWN (IF RURAL and give neg	autside carporate lim	its, write	c. LENGTH OF STAY IN	1b	CITY OR TOWN (IF	outside carpo	orate limits, write R	URAL and gi	ve nearest ta	wn)
1	E	rederick-R			Since Oct-6	0	Freder	rick-H	dural RD#	4		
	-	d. NAME OF HOSPITA	L (If not in haspital, g	jive stree	et address)	ĺ	d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	N	or institut on ear Feagav	ille				Near 1	Feagav	ille			NO 🚺
	3 1	NAME OF DECEASED	Fi	-	Middle		Last	4. DATE OF	Man	th	Day	Year
		Type or print)	ADA		ELLEN		SCHELL	DEATH	J	anuary	31,	1961
	S. S		6. COLOR OR RACE	7- MAI	RRIED NEVER MARRIED		. DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UN	
	-	Male	White		WED 🚺 DIVORCED		11 Nov 1884		76 yrs		7073	(4410)
	10a	during most of worki	N (Give kind of working life, even if retired	dane 10t	b. KIND OF BUSINESS OR	INDUS1	TRY 11. BIRTHPLACE (Stole	ar foreign o	country)	12.CITIZ	EN OF WHAT	COUNTRY?
		House-wo			At Home		Maryland			US	A.	
\	13.	FATHER'S NAME					14 MOTHER'S MAIDEN I	VAME				
		Daniel H	aifleigh -				Elmira Hai	rtman				
		WAS DECEASED EVER	IN U. S. ARMED FOR			17 IN	ORMANT		Add	ress		
	,	No	Tyas, gire was as acres of		213-24-7741	Mr	s. Mary B. Fo	ogle	(Same as	item	#1)	
		18. CAUSE OF DEAT	H [Enter only one co	use per	line for (a), (b), and (c).] ~						INTERVAL	
		PART I. DEAT	H WAS CAUSED BY.	1 (	12861 miles	1111	11:12:1				1.5	Luithe
		175	A DUE TO	,	-a		0, 1	1	<i>,</i> '. <i>(</i>		.7	/1
		Canditians, if an	y, which } //	. 1	with Con?	U	Jours By	1 ull	16 1 1 1		121	butte
		gave rise to in	mediate (		of Ku +tra	1	1	/				<u> </u>
		cause (a), stating t lying cause tast.	he under-		num	1-3	)					
	공	PART II. OTH		<del></del>	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19 WA	AUTOPSY
)	CERTIF, CATION										YES [	ORMED?
	TIF;	20a ACCIDENT WAS	UNDERLYING  CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Port I ar Pa	rt II of item 1B.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	MEDICAL	20c TIME OF INJURY	Month, Day, Ye				CF OF INJURY (Home, farm ary, street, affice bldg., etc.		y ar lawn)	{Co	runty)	(State)
	MED	Haur a.m.	19	While of we	le Nat while ark at wark	100	s	",				
		21   certify that	(I) (this haspita	) atter	nded the deceased fr	om /	. (1)	60, ta	141 30	19-1/	, that (1)	(we) last
		saw the decease			3 - 1947 , and th		oth accurred 12:30	DAM from			date state	d above
É	Ш	220 SIGNATURE	1 - 1			rar a.		,	1110 200200 Q1			DATE
	Ш	1 2 1 12	154/ 11	1220	(10.)	N		ED.	STAFF PHYS	1	Feb l	96L
		22c PHYS CIAN'S		Y			22d. ADDRESS					
		NAME (Type)	Bernard O.	Tho	mas, Jr.		228 N. Ma	arket	St., Free	derick	, Mary	land
	23a	BURIAL, CREMATION		DF .	23c NAME OF CEMETE	ERY OR	CREMATORY	23d LOCA	ITION (City, tawn,	ar caunty)	(5)	ate)
	_]	REMOVAL (Specify) Burial	2-2-61		Frederick	Mem	orial Park	Fred	lerick, Ma	arylan	d	
	24,	FUNERAL DIRECTOR'S	SIGNATURE	- T7	ADDRESS		25o. REC	D BY REGIS		STRAR'S SIG		
		M. R. Etc	UTROIL @ 20	"ו פונ	rederick, Ma	LAT	and DATE	EB 3 '	VI C	while di	E POWNOR	
	_											





### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 643MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a. COUNTY files. Health, Frederick 6 COUNTY MARYLAND b. CITY OR TOWN (II outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2 DOA ő d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Near Frederick-U. S. Highway Route 15-S 615 Tazewell Road ned deat NAME OF Month DECEASED ŝ (Type or print) LOUIS WILLTAM SCHULER Januay DEATH 0 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 36 White May 2, 1924 Male WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION fore time of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working file every country of lines for Penna and United Nine Workers 13. FATHER 5 NAME 14. MOTHER S MAIDEN NAME May Gucke Ralph Schuler form IN U. S. ARMED FORCES? 15. WAS DECEASED EVER 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Louis W. Schuler-Same as Item #2 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Broken Neck IMMEDIATE CAUSE (o) 6 buriol-transit Office **DUE TO** Crushed Chest Conditions, if tany, which gove rise to immediate cause pending in p col Examiner DUE TO (o), stating the underlying cause last. crematian, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY ief Medical I 200, EXTERNAL CAUSE WAS PRIMARY (A) or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Haadon Collision with another Car The W MEDICAL 20d. INJURY OCCURRED @ 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year 붛 While Not while y State Highway 1 - 2,61fing fie Ü Poge 21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection K., Inquiry X. opinion death resulted fram: Natural causes . Accident .

B. O. Thomas, M. D.

M. R. Etchison & Son, Frederick, Maryland

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

PERFORMED? NO [] (County) (State) Frederick-Rural, Frederick, Md. and in my Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] 3 Jan 1961 DEPUTY MEDICAL EXAMINER TO 22d LOCATION (City, fawn, or county) (State) Wilkes-Barre, Pa. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circino S. Tirmes

Reg. Dist No

Months

IS RESIDEN ON A FARM?

YES NO K

19 61

Year

IF UNDER TYEAR IF UNDER 24 HF

USA

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL PETWEEN

Instant

Instant

should be farworded FUNERAL DIRECTOR: r its designated agent designated OEP execute

ACTUAL

SIGNATURE

**EXAMINER'S** 

NAME (Type)

REMOVAL (Specify)

23 FUNERAL DIRECTOR S SIGNATURE

220. BURIAL CREMATION, 226 DATE THEREOF

VS A15ME 5M 2757



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 644

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lence	befo	гео	dmi	\$\$1Q	n)	

a		LACE OF DEATH				(Where deceased lived		Residence before	odmission)
1/	a	. COUNTY Fred	lerick	MARYLAND	o. STATE	land	b. COUNTY	Frederic	k
/	Ь	CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate la	mits, write RUR/	AL and give neare	st town)
		RURAL ond give ne			Knoz	cville			
. 1	d		AL (If not in hospital, give street	oddress)	d. STREET ADDRES	SS .		e.	IS RESIDENCE
		Valley Vi	Lew Nursing Hom	e				1	ON A FARM?
	3 N	NAME OF DECEASED	First	Middle	Lost	4. DATE OF T	Month	Doy	Year /3
		Type or print)	Julia	May	Shafer	DEATH J	anuary	15,	19 OT
	5 SI	EX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		UNDER 1 YEAR IF	
	I	Female	White WIDOW	/ED DIVORCED D	9-14-1885	7	5 yrs.	ionths Doys I	lours Min.
	10a.	USUAL OCCUPATION	DN (Give kind of work done 10bking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (S	state or foreign country		12 CITIZEN OF W	HAT COUNTRY?
	1	Rural Mail	L Carrier Retir	ed	Burkitts	ville, Mary	land	U.S.A.	
		FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	r	Thomas K.	Shafer		Elizabet	h May Karn			
$\mathcal{A}$	15. \	WAS DECEASED EVE	R IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	NFORMANT		Address		· · · · · ·
	[""]	No or unknown)	(If yes, give wor or dales of service)	18-30-9824 Mr	. A. T. Shar	fer Rt.#	5 Fred	lerick, N	laryland
	_		ATH [Enter only one couse par I					INTER	AL BETWEEN
				\$ 1.10 and (c).	Breast &	nitate	in to	ONSET	AND DEATH
			IMMEDIATE CAUSE (6)	remoma 9 9	arean c	1 ucrasian	70		720
		(	DUE TO	0 8	ling 4 l	iver-			
		Conditions, if o			*				
		gove rise to i couse (a), stating							
		lying couse lost.	(c)						
	S S	PART II, OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE T	ERMINAL DISEASE COM	IDITION GIVEN	IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
	CATION							Y	ES NO
フ	4	20a ACCIDENT WA	AS UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCURRI	D. (Enter nature of injur	y in Port I or Part II of	item 18)		
		(IF EITHER, NOTIFY	MEDICAL EXAMINER						
	CAI			L.	ACE OF INJURY (Home, ictory, street, office bldg.		wn)	(County)	(Stote)
	MEDICAL	Hour a.mX	19 While	e Not while	iciory, sineer, ornice blog.	, elc.)			
			at (1) (this haspital) atten	ded the deserred from	recod	1960 to Jan	N 15	. 1961, that	till two loca
				1 4 / 1	d at her and a h	, IAXLE   .   U = 4 = 4 =		_ 1732:-/ mgi	tated above
	H	220 SIGNATURE	sed alive an	1762 ( ) and that	death accurred at	OM, Iroga the	causes and	an the date s	22b DATE
		220 SIGNATIONE	152	11-1	ATTENDING	MED ST	AFF _		SIGNED
	- }	22c. PHYSICIAN'S	1. cemer	Harp	M D. PHYS. 22d. ADDRESS	DIRECTOR PH	IYS []		16-61
		NAME (Type)	Mr. J. Elmer Ha	rp (	_	etown, Mary	yland		
	230.	. BURIAL, CREMATIC		23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, tawn, or	county)	(Stote)
	D	REMOVAL (Specify)	1-18-1961	Union Comete	ייעי	Burkita	tsville	Marylar	nd
	_	FUNERAL DIRECTOR		ADDRESS		REC'D SY REGISTRAR		AR'S SIGNATURE	
	, ,	Fris f	L' X achill	Frederick, h	aryland DATE	EJAN 1 7 '61	Call	w & Heave	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs—or death. Page A may be retained by the hasp tal an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or remaval, and in any eventy within 72 hours after death. VR A1S (4) 1SM 9/59

death, Page 4



VS A15 (4) 15M 9/55

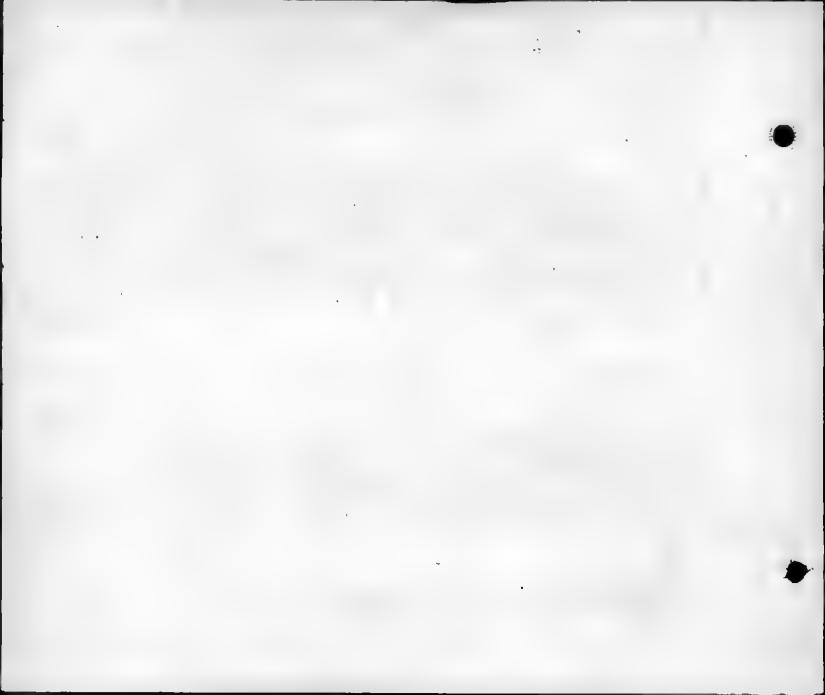
MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

645 CERTIFICATE OF DEATH

Reg. Dist. No.

66640

1. PLACE OF DEATH o. COUNTY PREDERICK	MARYLAND	2. USUAL RESIDENCE D. STATE MAR	(Where deceased live YLAND	E COLLEGE	idence before admi		
b. CITY OR TOWN (If outside corporate limits, write RUPAL and are central town).	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ** RURAL WALKERSVILLE					
d. NAME OF HOSPITAL (If not in hospital, give street ORINSTITUTION SIXTH ST,	address)	d. STREET ADDRESS			ON	SIDENCE A FARM? NO K	
3 NAME OF First DECEASED (Type or print) GEORGE	Middle ALBERT	Lost SHELTON	4. DATE OF DEATH	Month 1	Doy 5	Yeor 19 61	
5. SEX 6 COLOR OR RACE 7. MARI WHITE WIDOW	ED DIVORCED	8/18 <b>75</b>	le	85 yrs. Mont		Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b.	FORMAN	MARYLA	ND	y)  12.	U.S.		
GEORGE W. SHELTO	М	14. MOTHER'S MAIDE	N NAME KELLER				
(Yet no as unknown) . Iff we nive was as deter of service)		FORMANT Fie E. Shelt	ton 1 <b>2</b> 9 E	Address 6th Fred	erick me		
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stoling the under.  PART II. OTHER SIGNIFICANT CONDITIONS (c)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	al nutrition		RMINAL DISEASE CO	NDITION GIVEN IN	PERF	Aler-	
		CE OF INJURY (Home, I	form, 201. (City or t		(County)	(State)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. m. 19 White at wor 21. I certify that I attended the decease alive an 19	ed from	10. 228 1 Fred	A.M.M., from th ADDRESS (Street V. Mark ariole, M	e causes and or city or town, store)  A St:  any laus	<u>k</u>	ted above, DATE SIGNED	
220. BURIAL, CREMATION, 226. DATE THEREOF 1/8/61	22c. NAME OF CEMETERY OR Glade		Walker		Md	ote)	
23. FUNERAL DIRECTOR'S SIGNATURE	WALKERSVILLE 1		EC'D BY REGISTRAR AN 1 0 '61	246. REGISTRAR'S			



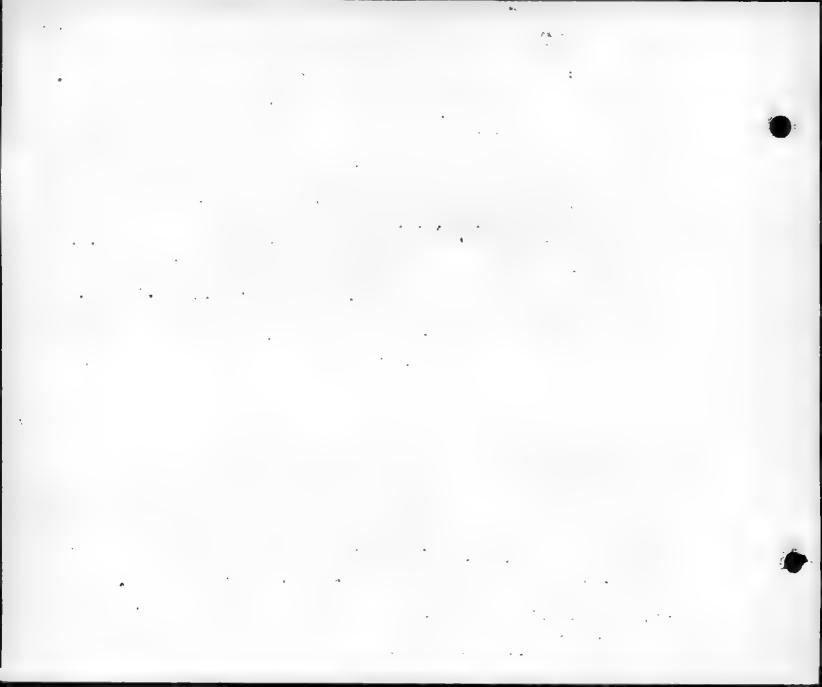
- 6	11	0	1/2	4,00
U	G	U	4	1

646	CERTIFICA	ATE OF DEATH		Reg. Dist. N	No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (When on STATE	h. C	OUNTY	efore admission)
b CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  Brunswick	Life	c. CITY OR TOWN (IF ou Brunswick	tside corporate limits,		nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 17 17 A 11 St.	street address)	d STREET ADDRESS	"A" Stre	et /	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Thomas	Albert	Sigafoose	4. DATE OF DEATH	1 7	Day Year
Male White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-1-1867	9 AGE (I lost bir 93	n years IF UNDER 1 YEARTHOOY) Manths Day:	AR IF UNDER 24 HR
	rack Forman	STRY 11 BIRTHPLACE (State o		12.CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME Henry Sigafoos		14. MOTHER'S MAIDEN NA	Sarah Wa		
(Yas, no, or unknown) (If yes, give wor or dates of service)		rs Esther St	cowart,Br	runswick,	√Id•
18. CAUSE OF DEATH [Enter only one couse  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last.  (c)	Sanslity	occlu	1001	0	NTERVAL BETWEEN NSET AND DEATH
PAM II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE	-			PERFORMED? YES NO C
20c. TIME OF INJURY Month, Day, Year Hour o. m.	20d. INJURY OCCURRED  While Not white four wark of wark	ACE OF INJURY (Home, form, clory, street, office bldg , etc.)	20f. (City or lown)	(Count	ty) (State
21. I certify that I ottended the dealive on	and the same of th	occurred at 2 p		/	
ACTUAL USA	Frank	M.D. Smm	DDRESS (Street, city of	or town, slote)	DATE SIGNE
PHYSICIAN'S C.E. TRU.	777	BRUNSI		PARYLAN	ED
Burral, CREMATION 226 DATE THEREOF 1-10-61	22c. NAME OF CEMETERY OF Park Hoi			wixk, Mary	
23. FUNERAL DIRECTOR'S AGNATURE Bruna	ADDRESS Wick, Maryland	24g, REC'D		6. REGISTRAR'S SIGNAL ON The S. Head	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registror priar to burial, cremation, ar remayal, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A1S (4) 1SM 9/58

death. Page 4

filed with funeral director,



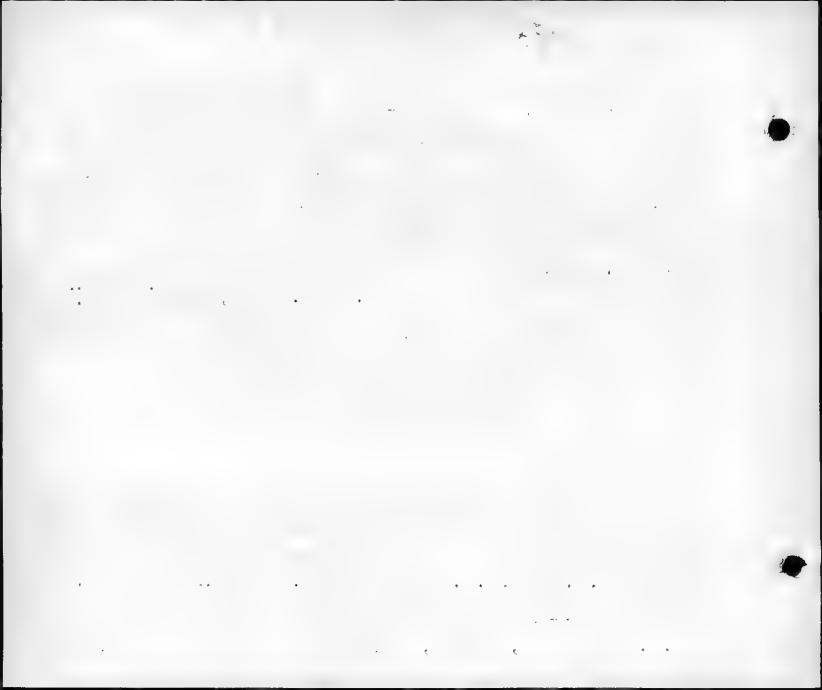
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
TO CERTIFICATE OF DEATH 61.77

66642

	UX & CERTIFICA	TE OF SEATT
$\mathbb{N}$	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY Frederick MARYLAND	a. STATE Maryland b COUNTY Frederick
	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
18	RURAL and give nearest town Frederick-Rural RD#7 Since 12-30-66	Buckeystown
	d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Frederick County Chronic Hospital	YES NO
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print) JAMES LEE	SIMMONS DEATH January 4, 96
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  19 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 2 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 2 YEAR IF UNDER 24 HI  20 AGE (in years IF UNDER 2 YEAR IF UNDER 2 Y
	Male White WIDOWED DIVORCED	30 Sept 1000 100 yrs
	10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired)	
	Retired Farmer Farm Owner	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,	James S. Simmons	Ann Eliza Thomas
		NFORMANT 2629 Att. Paul St.,
	No None M	rs. Mary S. Shipley, Baltimore 18, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ia interval between onset and death
	PART I. DEATH WAS CAUSED BY Broncho Pneumon:	1a L Week
,	DUE TO	
~	Canditians, if any, which (b).	
	cause (a), stating the under-	
	lying cause last. ) (c)	THE STATE OF THE S
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
-	He are the property of the second of the sec	PED. (Enter nature of injury in Part I or Part II of item 18 )
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EX. (CHAPT INDICE OF INJUST AND THAT IT AT ITEM TO ST. INC.)
		IACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stategy, street, affice bldg., etc.)
	Mhile Nat while to p. m. 19 at wark □ at wark □	
	21 I certify that (I) (this hospital) attended the deceosed from	1945, to 2:4 , 1961, that (1) (we) lo
		death accurred 8:20B, from the causes and an the date stated above
	22a SIGNATURE	ATTENDING & MED. STAFF 6 I 20 1 OG1SIGN
	130 shomas	M.D. PHYS. DIRECTOR PHYS. D
	NAME (Type) B. O. Thomas, M. D.	228 N. Market St., Frederick, Md.
	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIFY 1-7-61 Mount Olive	
4	M. R. Etchison & Son, Frederick, Mary	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
,	The state of the s	DATE JAN 9 '61 Cithur S. Kraus

er death. Page 4 ATTENDING PHYSICIAM: The lam requirm that the death contificate be exempted within 24 heuring by the haspital an attending physician. TO HOSPITAL may be retained

VR A15



- Dage	director	iled with
r deoth.	funeral	old be
durs ofte		and 2 sho
hin 24 h	filled	oges 1 c
e death certificate be executed within 24 hours ofter dooth; Page A	attending physician and campletely filled in the funeral director.	n please remove carbon papers. Pages 1 and 2 should be filed with
e pe exe	o puo uo	arbon p
ertificate	physici-	remove (
death c	thending	please
63	O	•

CERTIFICATE OF DEATH 648" 1. PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE First Middle Lost OF DEATH (Type or print) 5. SEX 6. COLOR OF 7. MARRIED NEVER MARRIED DIVORCED | WIDOWED 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate DUE TO couse (o), stating the underlying couse tost PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year factory, street, office bldg., etc.) e m While Not while of work | at work 21. I certify that I attended the deceased from, TO FUNERAL DIRECTOR: page 3 shauld be detact **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24d. REC'D BY REGISTRAR

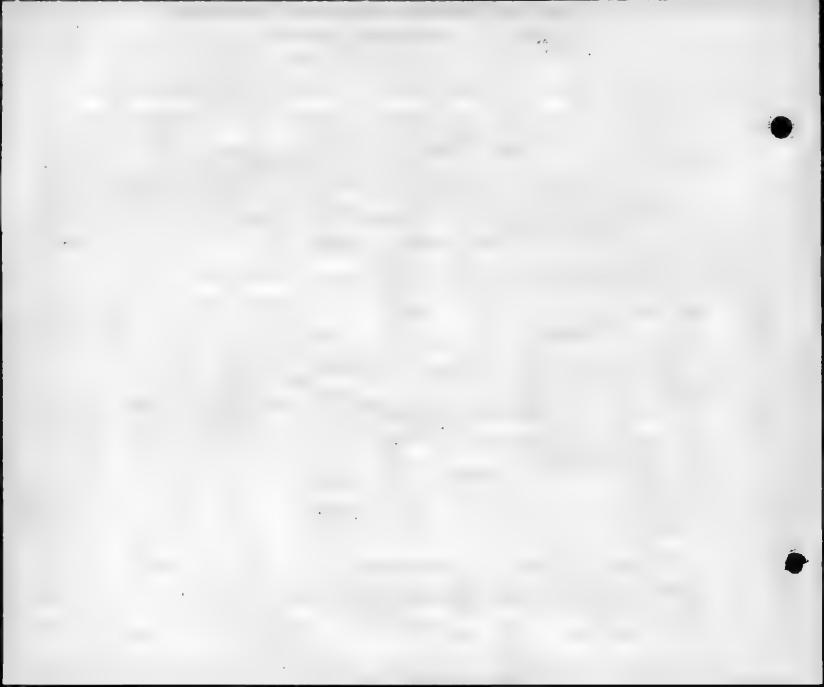
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month Doy Yeor 9. AGE (In years los) birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (State) (County) 196 \_\_\_that I last saw the deceased and that death accurred at 1:30 A.M. from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, (Stote) 24b. REGISTRAR'S SIGNATURE Cirhay & Hay

V5 A15 (4) 15M 9/55



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



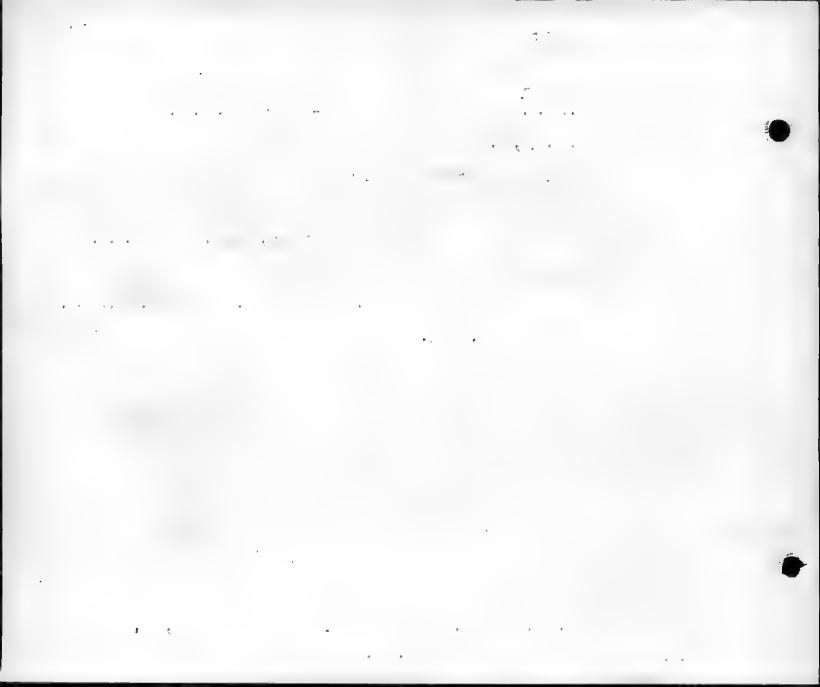
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he FUNERAL DIRECTOR: oge 3 should be detact þ ò 0 0 VS A15 (4)



٥.	LACE OF DEATH													
lis.	. COUNTY	Frederic	k	MAR	YLAND	o. STATE	(Where de		ed If institution b. COUNTY			i ck		
0.	CITY OR TOWN (I	f outside corporate limi agrest lawn)	ts, write	Lifetiy	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Thur mont								
d.	OR INSTITUTION	IAL (If not in hospitol, g	ive street			Blue R		Ave	•			e. IS RESIDENCE ON A FARM? YES NO-		
D	IAME OF ECEASED Type or print)	Wade		Hampton	-	bull lost	C	ATE OF DEATH	Janu		26°	1	Yeor 19 6	
S. SE	male	6. COLOR OR RACE white	7. MARE	NEVER MARR		parte of Birth pril 20,	189		AGE (In years pst-birthday) DL yrs.	Months	1 YEAR Days	IF UNDI Hours	ER 24 HRS. Min	
	usual occupation during most of world arponte	ON (Give kind of work king life, even if retired	١ .	KIND OF BUSINESS		Y II BIRTHPLACE ( Maryl		eign count	ry)	12, CITI		WHATC	COUNTRY?	
13. F	John	M. Stůl				14. MOTHER'S MAID Mar	A TU	n C	hipmar	1				
15. V (Yes.		R IN U. S. ARMED FOR (If yes, give war or dates of s		social security No 13-18-086		rs. Hary	S.	Stul	Addd Tr	urmo	nt,	Mo	1.	
.1		mmediate (	6	- A D-	i Suf	, Corona ficiency	ing 1	o ccle	ision				DEATH LUCE	
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE	TERMINAL (	DISEASE CO	ONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS PERFO YES [	DRMEDY	
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  WY Month, Doy, Ye	ar 20d. II	CRIBE HOW INJURY	20e. PLAC	(Enter noture of inju E OF INJURY (Home ry, street, office bldg	, form,   20			(0	County)		(Stote	
	21. I certify the saw the decea 220. SIGNATURE	at (1) (this hazoita sed alive an Acc	) attend	ded the deceased 5_1961, and		ATTENDING PHYS	_ '	fram(t)	causes an	-		stated		
230	BURIAL, CREMAT C REMOVAL (Spec fy)	James K.  DN. 23b. DATE THEREO	4	23c NAME OF CE			23d	LOCATION	Maryla N (City, town, mont,	or county)	7] 61	ord)	fe)	

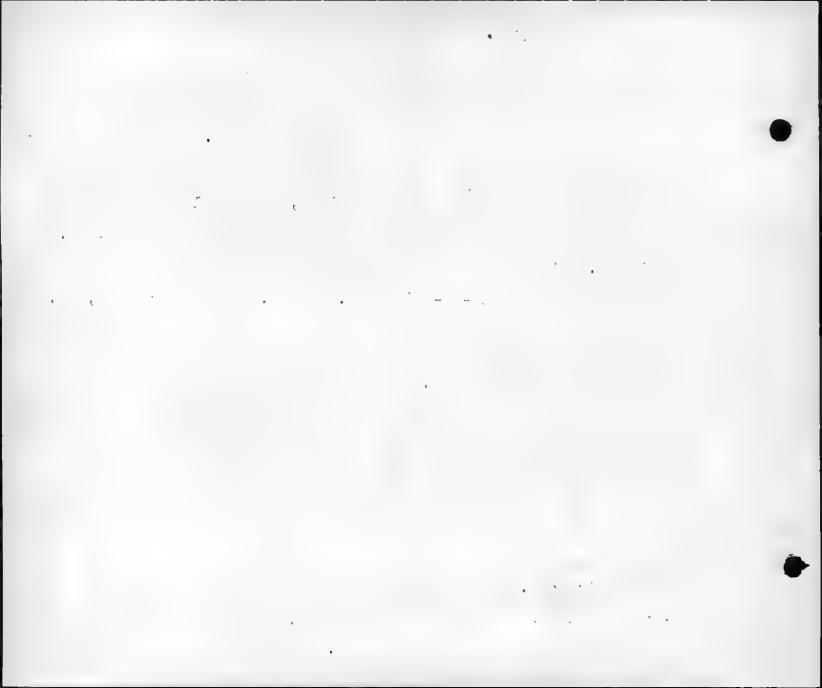
ADDRESS

Thurmont,

24 TUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR DATE JAN 3 0 '61

256 REGISTRAR'S SIGNATURE





**ADDRESS** 

Frederick, Ild.

. IS RESIDENCE

ON A FARM?

YES 🗍 NO 🈭

19 6 I

U.S.A.

ONSET AND DEATH

PERFORMED?

(State)

and in my

DATE SIGNED

(State)

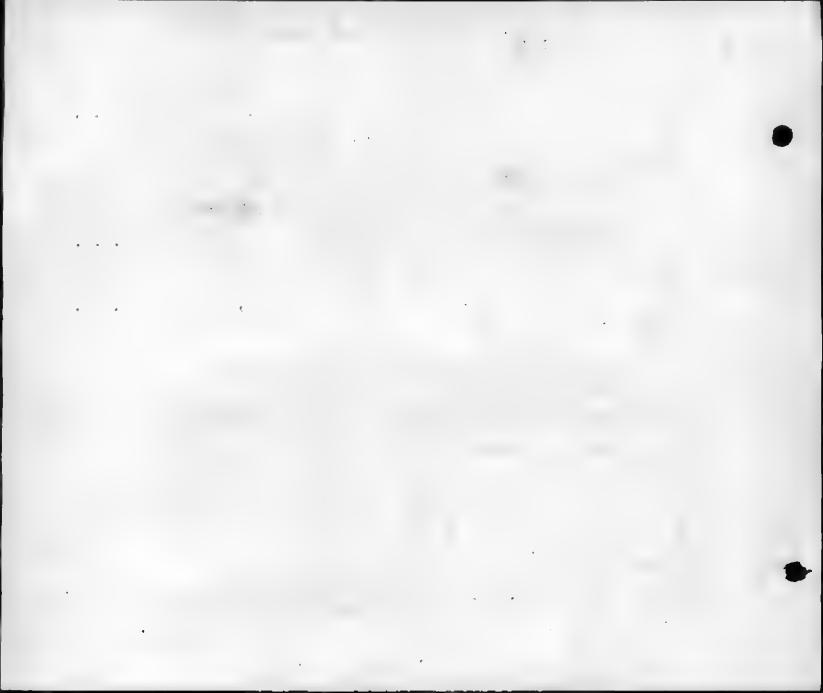
24b. REGISTRAR'S SIGNATURE

24o, REC'D BY REGISTRAR

DATEJAN 2 4 '61

VS A15ME

23. FUNERAL DIRECTOR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
65 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

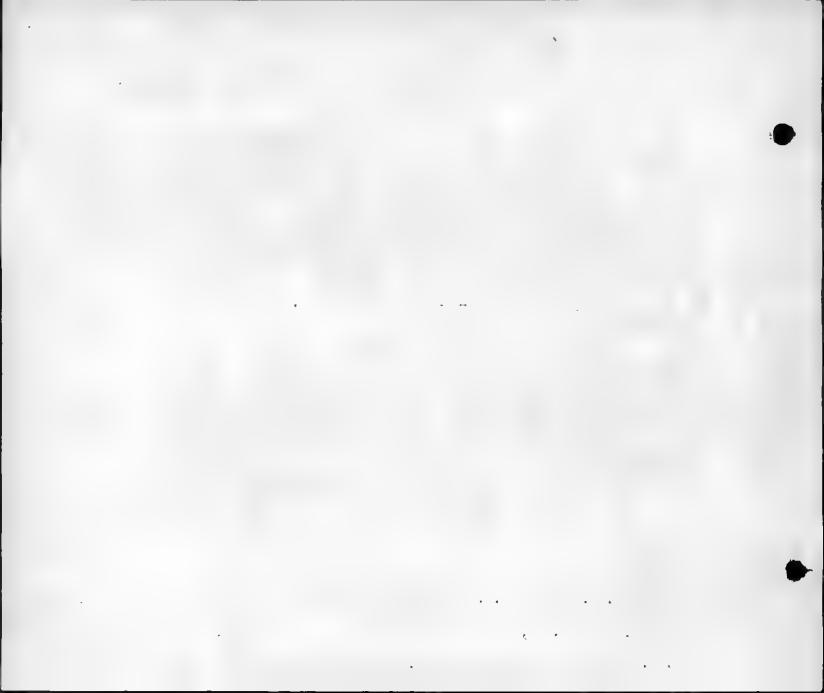
Reg. Dist.	No.	0	6	4	6 3	

	1. PLACE OF DEATH 0. COUNTY Fred	lerick		MARYLAN	O. STATE		Where deceases	ed lived. If insti			e admission)	
1	b. CITY OR TOWN (IF and give nearest town) Frederick		WURAL _	Unk	e. CITY O	R TOWN (		orate limits, wri	RURA. ond	give neo	rest town)	
	d. NAME OF HOSPITA Rosemont		If not in haspit	of, give street address)		ADDRESS 6 Mar	ket St	reet			ON A FARM? YES NO KOK	
	3. NAME OF DECEASED (Type or print)	EUGENE	st	Middle HAROLD	TOPP		4 DATE OF DEATH	Januar		Doy 23	Yeor 1961	
	5. SEX Male		7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRT			9 AGE (In years foot burthday) 67 yes	Months C		FUNDER 24 HRS.	
	during most of working Consulting	life, even if retired)		t Detrick			e or foreign co vania	ountry)	US CITIZ		WHAT COUNTRY?	
	13. FATHER'S NAME Lewis Toppe				14. MOTHER Unk	S MAIDEN	NAME		-	_	_	
		R IN U.S. ARMED FO	Bervice)		assandra	в. Т	opper	(Same as		#2)	áb.	
	PART I. DEAT	iole couse		(c), (b), ond (c).] Coronary Thr	ombosis			1. 00 TV		CINSES A	nutes	
	CATIC		DITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	MINAL DISEASE	CONDITION G	IVEN IN PART	1	WAS AUTOPSY PERFORMED?	
)		SE WAS TRIBUTING	b. DESCRIBE H	HOW INJURY OCCURRED	(Enter nature of	injury in Pa	orf t or Port ti	of item 18.)				
	70c TIME OF INJUR	Y Month, Doy, Ye	While	Not white of work	LACE OF INJURY sclory, street, office	(Home, for re bldg., et	m. 20f. (City	or fown)	(Cour	nty)	(Stote)	
	21. I certify that I taak charge of the remains described above, held an Autapsy 🕱, Inspection 🕱, Inquiry 🛣, and in my opinion death resulted from: Natural causes 🛣, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner											
	ACTUAL SIGNATURE	Blittal		32	W.D.		EXAMINER []	» ["]			DATE SIGNED	
	EXAMINER'S NAME (Type) B	O. Thomas		C. NAME OF CEMETERY	DEPUT		EXAMINER (		Januar	y 24		
	REMOVAL (Specify)  Removal  23. FUNERAL DIRECTOR	Jan. 24		ADDRESS	OR CREMATORY	240. REC	Yorl	k, Penns	ylvani Sistrar's SIG		(Stote)	
	M. R. Etc	hison and	Son. Fr	rederick. Ma	rvland	DATE	N.2.5 '61		1 1 8 st	2010		

TO DEPUTY A CAL EXAMINER: This cartificate should be executed within 24 hours after death. If any delay is ressay, please execute the filticate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer forth. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS. A1SME 5M 2 57

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

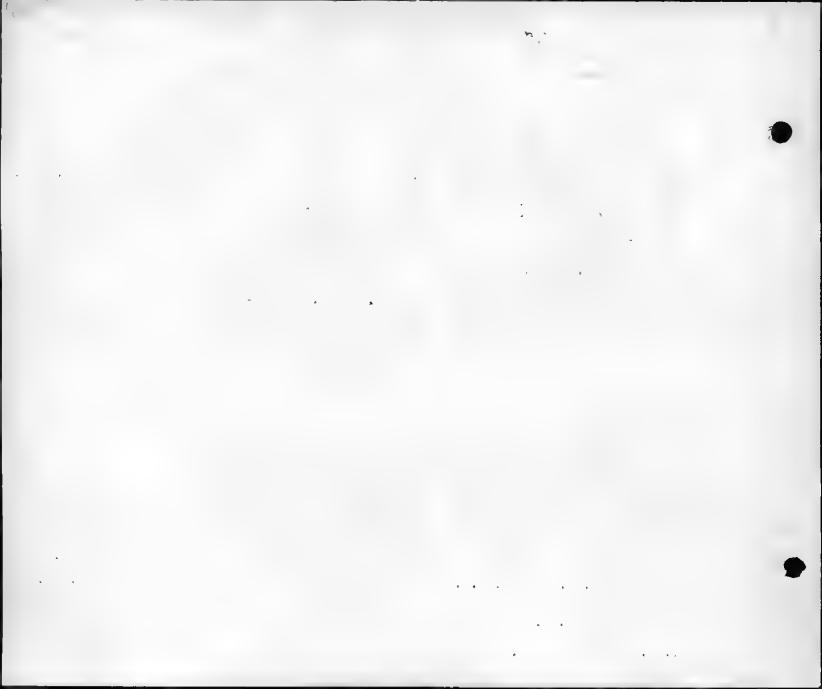
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				- 11								
o. COUNTY F1	rederick		MARYL	- 1	o, STATE	ence (wh	ore decessed Maryla	d lived. If institu Ind b. COUNT	tion: R Y		efore admi erick	
b. CITY OR TOWN (If RURAL ond give ne Frederic)		ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TO		outside corpo ederic	rote limits, write	RURA	ond give	nearest to	vn)
OR INSTITUTION	At (If not in hospitol, g		1		d. STREET AD		Third	Street			ON	A FARM?
3. NAME OF	Fir	st	Middle		Lost		4. DATE	Me	onth		Day	Year
(Type or print)	SARA	/H	ELIZA		WELL	ER	OF DEATH	J	anu			139 6
S SEX	6. COLOR OR RACE	7 MAR	RIED KNEVER MARRIE	· 🗀 🖟	DATE OF BIRTH	- 00		9 AGE (In year post birthday)	s IF U	nths Da	EAR IF UNI	
Female	White	WIDOW			uly 24,			II yo	\$			
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work in ing life, even if retired	done 10b	. KIND OF BUSINESS OF		Y 11. BIRTHPLA			ountry)	1			COUNTRY?
House-wor	rk		At Home		1		ginia				JSA.	
13. FATHER'S NAME					14. MOTHER'S I							
	a W. Thomas						ELizat	oeth May				
15 WAS DECEASED EVER	R IN U.S. ARMED FOR If yes, give wor or doles of s		SOCIAL SECURITY NO.		RMANT	mr 3.3			Idress	#o		
No			None	Dr.	Roy B.	MeTT	er-San	ne as it	CM ;	#2		
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediote Dus TO		Bilatin Congesti	21	Ben Bardi	ahe	- Jon Jan	loere	-		24-fz	D DEATH
ICATIO			CONTRIBUTING TO DEA						IVEN 1	N PART 1(	PERE	AUTOPSY ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED.	Enter noture of	injury in I	Port I or Por	t II of item 1B }				
20c. TIME OF INJURY Hour o, m, p, m,	Y Month, Day, Ye	While			E OF INJURY (H y, street, office			y or town)		(Cou	nly)	(Stote)
saw the deceas	t (I) (this haspital		ded the deceased (3 196/, and	-				the causes of			ate state	d abave.
220. SIGNATURE	130	The	omas	M.		₩ DI	ED RECTOR	STAFF PHYS			1/4	61 DATE
22c. PHYSICIAN'S NAME (Type)	B. O. Thor	mas,	M.D.		22d. ADDRES		onal	Building	, F	'rede	rick,	Md.
230 BUR AL, CREMATIO REMOVAL (Specify) Burial	Jan. 7,1		23c. NAME OF CEME Mount Old			Y		TION (City, town	, or co		rylano	ote)
24, FUNERAL DIRECTOR'			ADDRESS				D BY REGIST		GISTRA	R'S SIGNA	ATURE	
M. R. Etc	hison & Son	n, F	rederick, Ma	ıryla	nd	DATEJA	4 9 '6	1 a	- Elmy	8. th	alla	

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed-with the State Board of Health prior to burial, cremation, or remaval, grid-in any event, within 72 haurs after death. r death. Page 4 ATTENDING FEYSICIAN: The law squiss that the death certificate be executed within 2s flavor TO HOSPITAL VR ATS (4) TSM 9/59



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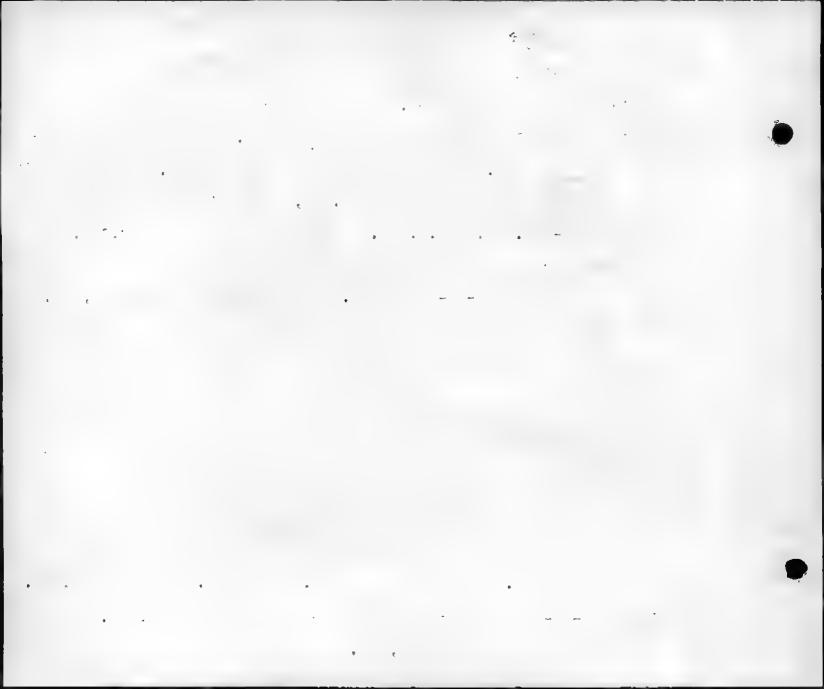
1.	PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	o. STATE Mar			before admission) derick						
]	Frederi	(If outside corporate limits, write nearest town)	c LENGTH OF STAY IN 16	c city or town (if	,	nits, write RURAL and gr	ve nearest town)						
]	or institution	ck Memorial H	oddres) ospital	d. STREET ADDRESS  Walnut	St.		o IS RESIDENCE ON A FARM? YES NO-L						
	NAME OF DECEASED (Type or print)	J-HW I	• Middle	last ITMORE	4. DATE OF DEATH	Jan. 9	Doy Year 19 6]						
	male	white wipow			.881 7	birthdoy) Months (	YEAR IF UNDER 24 HRS. Doys Hours Min.						
100 M	ot orman	FION (Give kind of work done or hing life, even if retired)  CC SUD-SUB.	P.E. CO	,		1	EN OF WHAT COUNTRY?						
13.	Roubon	Whitmore		Mary N	ewcomer								
15 {Yes	WAS DECEASED E			Mrs. Belva	Whitmore	Address Thurm	ont, Md.						
		EATH [Enter only one couse per   EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ART FALLUI	RE		ONSET AND DEATH						
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-												
FICATION													
IL CERTI	OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJ Hour o. n p. n	. Yhii		LACE OF INJURY (Home, fari octory, street, office bldg., et		vn) {Co	ounty) (Stote)						
		hat (I) (this haspital) attendased alive an 1/9/6	ded the deceased from	death accurred at 137	M. fram the c	1	date stated above.						
	220. SIGNATURE	Rard C. Rey	molds.			rs 🗆	22b DATE SIGNED						
	22c PHYSIC AN': NAME (Type		Reynolds	22d ADDRESS 9 E. Ch	urch St	. Fred	erick, Md.						
	BURIAL, CREMAT		Rose Hill	or crematory Cometory		rstown, or county)	(Stote)						
3	FUNERAL DIRECTO	de. Orlage	ADDRESS Thurmont,	Md . DATEJA	'D BY REGISTRAR	256. REGISTRAR'S SIG							

may be retorned by the hosp tal ar attending physician.

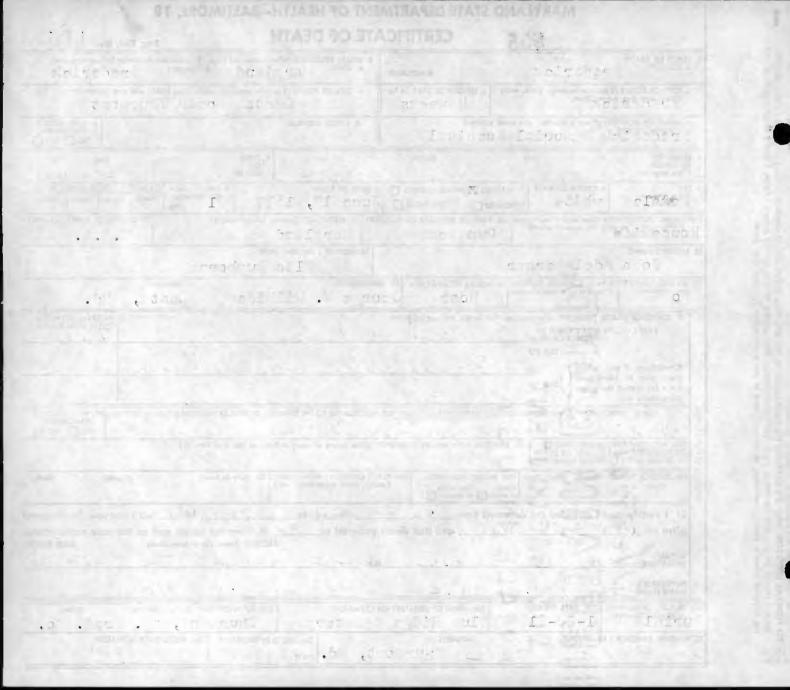
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample and 2 should be filled with page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death TO HOSPITAL VR A15 (4) 15M 9/S9

fer death. Pages

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	659		CERTIFIC	CATE	OF DE	ATH						CGf	554
1. PLACE OF DEATH o. COUNTY FT	ederiek		MARYLA		JSUAL RESIDE	aryla			institutio DUNTY				ssion)
b. CITY OR TOWN ( RURAL and give n Frederic		ls, write	c. LENGTH OF STAY IN	16	CITY OR TO	rede		rote limits,	write RU	JRAL and	give ne	arest tow	rn)
OR INSTITUTION	TAL (If not in hospital, g				d. STREET AD		ollege	Aven	ue			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir ALFR		Middle GLAZE	Z	Lost	AN	4. DATE OF DEATH			uary	2	) )	Yeor 19 61
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED  DIVORCED	20	Oct 1	891		9, AGE (In	years hday) yrs,	Months	Days	Hours	DER 24 HR
	king life, even if retired		kind of Business or i lorist Busin				or foreign co				SA	FWHAT	COUNTRY
Robert C.	Zimmerman				Mother's A								
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of to			Mrs.	Helen	G. Z:	immerm	an (S	Addre ame		tem	#2)	
Conditions, if of gove rise to couse (o), stoling lying couse lost.  PART II. OT  PART II. OT  20a. ACCIDENT W	immediate   DUE TO     the under-   (c)     ther significant con     catural   (a)     as underlying   (a)	Retail Parties of the	atus to the top the state of th		LELATED TO T	6 A	Slav  Cod  INAL DISEASI	E CONDITIO	ON GIV	EN IN PAR	RT 1(a)	PERF	AUTOPS ORMED?
OR CONTRIBUTION (IF EITHER, NOTIFY  20c. TIME OF INJU  Haur a. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yee	or 20d. II While of wor	Nat while	De. PLACE (factory,	OF INJURY (Hi street, affice	ome, form bldg., etc	), 20f. (City	ar tawn)		(	(Caunty)		(Stat
21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		Te	aris,		ATTENDING PHYS.  22d. ADDRES	8:35 XX M	© ta_ DA, france ED. RECTOR □	STAFF PHYS.		d an th	an .	e state 1961	SIGNE
Burial Specify		)F	Mount Oliv		metery			erick	, Ma	ryla			ote)
M. R. Ete		, Fr	ederick, Mar	ylane		25a. REC'	D BY REGIST	61 2SI	o. REGIS	trar's si	GNATU P. Ha	RE	

may be revained by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has Eeen signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITA

fer death. Page

el Explication males to the second delegation of the second d 38/10/2017 Secretary and the secretary an regita (alexander en la constitución de la constitu